A consultation on proposed Multi-Neighbourhood Provider (MNP) and Single Neighbourhood Provider (SNP) contracting models to support neighbourhood health services

Summary

This briefing from the National Academy for Social Prescribing (NASP) articulates the role of social prescribing in supporting neighbourhood health services, and the importance of it remaining a key requirement within new contractual models. Any new sub-contracting arrangement must ensure stable funding for the social prescribing workforce, as well as the wider social prescribing ecosystem.

This document is in addition to our formal response to NHS England's consultation on Multi-Neighbourhood Provider and Single Neighbourhood Provider models.

Social prescribing and neighbourhood health

Social prescribing is a key mechanism in achieving neighbourhood health goals. It is an evidence-based model that connects health and community services, improving wellbeing, supporting self-management and helping to address the wider determinants of health.

Latest figures show that there are around 3,300 Social Prescribing Link Workers (FTE) employed as part of primary care teams in England.[1] Research by University College London suggests that there have been 5.5 million referrals from GPs to social prescribing services since 2019. In 2023 alone, more than one million people were referred.[2]

Referrals to Social Prescribing Link Workers come from GPs and other sources such as hospital discharge teams, job centres and voluntary organisations. Link workers spend time understanding the social issues affecting a patient's health, co-developing personalised plans, and then connecting them to community-based non-clinical support. This support can include advice services for debt, housing problems or employment, volunteering opportunities, physical activity sessions and social activities, among many other options.

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[1] https://digital.nhs.uk/data-and-information/publications/statistical/primary-care-workforce-quarterly-update/30-june-2025Workforce Quarterly Update, 30 June 2025 - NHS England Digital

[2] https://socialprescribingacademy.org.uk/resources/new-study-tracks-five-years-of-social-prescribing-growth/

A key part of the role of link workers is to map and support local services and activities that can address non-medical factors affecting people's health and wellbeing. They play an important role in connecting general practice to the wider health system, community and statutory services, in a way that is specifically intended to meet local health needs.

Evidence for Social Prescribing

A large-scale national evaluation found that the rollout of Social Prescribing Link Workers was associated with improvements in patient experience and better outcomes for population groups specifically targeted for social prescribing.[3]

An additional full-time equivalent link worker per 50,000 patients was associated with:

- higher probabilities of having confidence in managing long-term condition(s) and having enough support from local services, for respondents with long-term conditions;
- a higher probability of having their mental health needs understood, for respondents with mental health needs;
- a higher probability of having a good experience at their general practice, for all respondents.

A nationwide evaluation of social prescribing outcomes, based on more than 19,000 patients, **demonstrated "consistent and sizeable improvements across different wellbeing domains** in the 1-6 months following initial referral to social prescribing." This represents a social return of £9 for each £1 invested, based on improvements in life satisfaction.[4]

Green Social Prescribing (connecting people to nature-based activities and support) leads to **significant improvements in wellbeing** and reductions in anxiety and depression – and is **cost-efficient compared to other mental health interventions** available on the NHS.[5]

There is strong evidence for many of the other activities that people may be connected to – including **physical activity**[6], **creative health** approaches[7] and **heritage projects.**[8]

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[3] https://socialprescribingacademy.org.uk/resources/largest-ever-social-prescribing-study-shows-positive-impact-on-patients/
[4] Social prescribing delivers £9 wellbeing benefit for each £1 invested, major study suggests | NASP
[5] Preventing and Tackling Mental Ill Health through Green Social Prescribing Project Evaluation - BE0191
[6] Exercise and social prescribing - NASP evidence | NASP
[7] Creativity and social prescribing - NASP evidence | NASP
[8] Heritage and Social Prescribing - the evidence | NASP

There is a growing body of evidence to show how social prescribing can support people living with a range of **long-term conditions, including diabetes, lung conditions and dementia**.[9]

Evaluations carried out in nine local health systems across England found that social prescribing can **substantially reduce pressure on the NHS**, particularly among patients who frequently use NHS services. While methodologies and findings vary, examples include:

- **42.2% reduction in GP appointments** among 1,751 patients who accessed social prescribing in Tameside and Glossop
- **15.4%-23.6% reduction in A&E attendances** among 5,908 patients who accessed social prescribing in Kent
- In Newcastle, **secondary care costs were 9.4% lower** compared to a matched control group where social prescribing was not available.
- In Rotherham, a pre and post analysis on frequent users reported a **reduction in costs up to 39% for A&E attendances**.[10]

Social prescribing also has a **social and economic value of between £2.14 and £8.56 for every £1 invested**.[11] Other research has shown **gains in Quality Adjusted Life Years (QALYs)**.[12]

Current contracting arrangements

The current NHS Standard Contract ensures social prescribing is treated as a core component of universal personalised care, requiring all health and care providers to interface with the universal social prescribing offer funded by primary care.

Social Prescribing Link Workers are primarily recruited through the Additional Roles Reimbursement Scheme (ARRS). In some cases, link workers and equivalent roles are also employed by Integrated Care Boards (ICBs), Local Authorities, local Voluntary, Community, Faith and Social Enterprise (VCFSE) organisations or through other funding streams.

The Network Contract DES includes social prescribing as a "key requirement" for Primary Care Networks (PCNs). It states that: "A PCN must provide to the PCN's patients access to a social prescribing service. To comply with this, a PCN may: a. directly employ Social Prescribing Link Worker(s); or b. sub-contract provision of the service to another provider". [13]

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[9] Social prescribing and long-term conditions - National Academy for Social Prescribing | NASP
[10] The economic impact of social prescribing on the NHS - NASP evidence | NASP
[11] Economic evidence – National Academy for Social Prescribing | NASP
[12] Cost-Effectiveness of Social Prescribing - A case Study | NASP
[13] https://www.england.nhs.uk/wp-content/uploads/2026/03/network-contract-des-contract-specification-2026-27.pdf

The accompanying guidance outlines expectations for how PCNs implement social prescribing – including around taking referrals from hospital discharge teams, job centres and voluntary and community groups; using targeted approaches to reach those most in need; and recruiting specialist link workers to meet local needs.[14]

In other words, Social Prescribing Link Workers are playing a key role in the implementation of neighbourhood health under the current contracts.

Protecting and expanding services

After a steady rise in the number of link workers within primary care since 2019, there has been a gradual reduction since 2024. There were **3,713 link workers in primary care in March 2024, which decreased to 3,361 by June 2026 – a fall of around 10%.**

As a result, some areas provide a limited service, or link workers have inappropriate caseloads or do not receive sufficient support.

This is likely to be, in part, a **consequence of greater flexibility** in the Network Contract DES – with some ARRS funding now potentially allocated to recruitment of GPs and other roles.

The additional flexibility offered by the proposed new models is welcome, and could enable neighbourhood models to meet local health needs more effectively. However, with stretched funding at both ICB and PCN level, there is a risk of social prescribing services being cut further locally, unless explicitly mandated within contracting models.

We therefore support the mandating of social prescribing within the primary MNP and SNP framework, protecting it and enabling expansion where this meets the needs of local geographies.

Ensuring data linkage with, and sustainable funding for, the VCFSE sector, should also be considered in the development of the contracts. The wider social prescribing ecosystem - and the wellbeing of local populations - relies on a diverse and financially sustainable VCFSE sector. Our proposed approach to ensuring that charities and community groups have the funding they need to make the Neighbourhood Health Service a reality is via Community Health and Wellbeing Funds.[15] Process improvement also relies on sharing data between the VCFSE and the NHS to track patient journeys.

The new contracts offer an opportunity to shift further towards a primary care model which is genuinely integrated with the VCFSE sectors. By enabling ongoing

[14] https://www.england.nhs.uk/wp-content/uploads/2026/03/network-contract-des-part-a-guidance-clinical-and-support-services-section-8-26-27.pdf
[15] Towards a National Community Health and Wellbeing Fund | NASP

recruitment of link workers and a sustainable wider ecosystem, the new contracts can play a key role in achieving this.