



# Submission to the Health and Social Care Select Committee's Inquiry: Healthy Ageing: physical activity in an ageing society

## Summary

Social prescribers can connect older people to activities that involve physical activity and also provide support in areas that might present barriers to their participation. In total, there have been more than 5.6 million referrals by GPs to social prescribing services since the 2019 Long Term Plan. Research suggests that older people with the highest socio-economic need and most long-term health conditions particularly appear to be receiving support. The new NHS 10-year plan presents an important opportunity to create a neighbourhood health service, including by forging better connections between the health system and voluntary organisations that deliver support for older people. This will require: the development of proactive social prescribing approaches to support older people; continuing to increase the number of Social Prescribing Link Workers to 9,000 by 2036/7, ensuring that they receive appropriate training and support; and providing sustainable funding to voluntary groups that deliver physical activity, for example through a Community Health and Wellbeing Fund that we have co-designed.

## About the National Academy for Social Prescribing

1. The National Academy for Social Prescribing (NASP) is a national charity that champions social prescribing. Established in 2019 by the Department of Health and Social Care, we support and connect people, communities and organisations so that more people across the UK can enjoy better health and wellbeing.<sup>1</sup>
2. NASP works in partnership with a wide range of Government departments, Arms-Length Bodies and national voluntary sector organisations. Through a

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<sup>1</sup> <http://www.socialprescribingacademy.org.uk/>

partnership with Independent Age, we have developed a programme focusing on older people facing financial hardship. Through a partnership with Sport England, we run a programme on physical activity and social prescribing. We work closely with the national Active Partnership Networks, The Richmond Group and the We Are Undefeatable campaign.

3. See Annex 1 for an overview of social prescribing and a summary of some of the evidence for its impact, including estimated return on investment.

## Questions 1 & 2 Opportunities for, and impacts of, physical activity in older people

### *Social prescribing and older people*

4. Our recent survey showed that Social Prescribing Link workers most frequently refer people to services addressing financial support, closely followed by referrals to mental health and housing support.<sup>2</sup> An evidence review, commissioned by NASP in 2022, focused on social prescribing for older people facing financial hardship.<sup>3</sup> It showed that holistic support from a link worker can help older people address financial barriers that prevent good health. As well as addressing issues like debt and benefits, the link worker can identify activities that are most likely to suit the older person's needs and help them to sustain them.
5. NASP also worked with Independent Age and other partners to carry out two social prescribing pilots designed to support older people facing financial insecurity. These provided strong evidence of the efficacy of community-led social prescribing - in other words taking a bottom-up approach, co-designing projects with participants and local voluntary organisations. The pilots successfully addressed financial hardship among participants, while also improving overall wellbeing, and enhancing community connection. Key enablers of success included co-design and co-production, taking a strengths-based approaches, developing trusting relationships, offering practical help and ensuring sustainable funding for voluntary sector organisations.<sup>4</sup>
6. NASP's 2025 Link Worker survey showed that 85% of Social Prescribing Link Workers felt confident and capable in referring patients to social prescriptions that support frailty. Age-related activities were the second most commonly referred to type of service from the eight listed, although

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<sup>2</sup><https://socialprescribingacademy.org.uk/media/eznh1x3a/splw-survey-report-2025.pdf>

<sup>3</sup> <https://socialprescribingacademy.org.uk/read-the-evidence/older-people/>

<sup>4</sup> <https://socialprescribingacademy.org.uk/media/yw5elpho/social-prescribing-for-older-people-learning-report.pdf>

48% of link workers stated that the biggest barrier was the lack of provision.<sup>5</sup>

7. Another study, with individuals aged 50 years or over with two or more long-term conditions, focused on the impact of ‘holistic’ link-working, as part of a wider social prescribing service mainly offering ‘lighter touch’ link-working.<sup>6</sup> The findings showed improved quality of life, patient activation and reduced frailty in a complex cohort with multiple long-term conditions. Over half of users saw an increase in their PAM level (a patient activation measure) by 1 or more levels, suggesting that participants felt more able to manage their health condition, and a third saw improvement in frailty level by 1 or more. These changes were supported by many qualitative case studies that documented significant changes to peoples’ lives socially, physically and mentally, brought about by working with co-ordinators to address their social, physical and economic needs.

### ***Social prescribing and physical activity***

8. NASP’s 2022 evidence review on social prescribing and physical activity identified key enablers and barriers for social prescribing to engage people in physical activity.<sup>7</sup> Key enablers included: having a person-centred approach to the initial discussion about physical activity; developing trust through a sustained approach; taking a gradual and holistic approach; and ensuring patients have a degree of control over their onward referral. This helps to promote sustained behaviour change and highlights the importance of link worker continuity. Patients with long-term health needs required a longer-term and flexible service due to the complex nature of health conditions which can fluctuate and make it difficult to engage with services in a predictable way.
9. One study, presenting an ‘argument for a Social Prescribing solution’ analysed existing, multi-year longitudinal health data to determine if engagement in a variety of different lifestyle activities can slow the rate of cognitive decline as older adults age.<sup>8</sup> It found that older adults who engaged in moderate-intensity physical activities, such as gardening and walking, for a period of at least 4 years with a frequency of at least three times per week, gained one-third standard deviations from their baseline of memory score.
10. NASP’s 2025 survey with Social Prescribing Link Workers showed high levels of referrals to physical activity projects and a strong understanding among link workers and patients of the benefits of these projects. Link workers

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<sup>5</sup> <https://socialprescribingacademy.org.uk/media/eznh1x3a/splw-survey-report-2025.pdf>

<sup>6</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC6764188/>

<sup>7</sup> <https://socialprescribingacademy.org.uk/read-the-evidence/physical-activity/>

<sup>8</sup> <https://www.frontiersin.org/journals/aging-neuroscience/articles/10.3389/fnagi.2021.693791/full>

identified barriers to referrals to physical activity projects could include affordability, limited local provision and patients choosing not to attend.<sup>9</sup>

## Question 5: Progress in supporting people to age well (widening, diversifying and expanding access to social prescribing)

### *The reach of social prescribing*

11. In total, there have been more than 5.6 million referrals by GPs to social prescribing services since 2019. More than one million people were referred in 2023 alone.<sup>10</sup>
12. While social prescribing is an all-age offer, research suggests that older people are more likely to be referred. Recent research from UCL, using data from Access Elemental, found that the most common age group for the social prescribing service users in England was age 60-69. Further analysis of primary care records from 1.2 million patients from 1,736 practices in the Clinical Practice Research Datalink (CPRD) in England also found that social prescribing codes were more common in older age groups.<sup>11</sup> This reflects findings from the Social prescribing Observatory which shows that those age 65+ are most likely to be referred to social prescribing.
13. Social prescribing is increasingly reaching people from more deprived communities. Analysis of the CPRD data showed a year-on-year increase in GP referrals to social prescribing from people in the most deprived areas. Representation from patients living in more deprived areas increased from 22% prior to the national roll-out to 42% in 2023.<sup>12</sup> Previous research by UCL, focusing on all referrals to link workers, suggested that 45.9% of patients referred to social prescribing lived in the three most economically deprived deciles. Data from the English Longitudinal Study of Ageing (ELSA), suggests a high uptake of social prescribing among older people who have been referred. Promisingly, older people with the highest socio-economic need and most long-term health conditions particularly appear to be receiving support.<sup>13</sup>

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<sup>9</sup> <https://socialprescribingacademy.org.uk/media/eznh1x3a/splw-survey-report-2025.pdf>

<sup>10</sup> The rapid growth of social prescribing in England: analyses of primary care medical records using data from the Clinical Practice Research Datalink (CPRD)

<https://www.medrxiv.org/content/10.1101/2025.04.04.25325237v1>

<sup>11</sup> *Ibid*

<sup>12</sup> *Ibid*

<sup>13</sup> <https://socialprescribingacademy.org.uk/resources/is-social-prescribing-reaching-people-in-the-most-deprived-areas/>

14. Analysis of CPRD data showed that 21.7% of social prescribing patients were identified as ethnic minorities, and that individuals from ethnic minority backgrounds were more likely to take up referrals.<sup>14</sup>

### ***Widening access through proactive social prescribing for long-term conditions***

15. Social prescribing services have increasingly adopted “proactive social prescribing”, a requirement in previous GP contracts.<sup>15</sup> This involves establishing targeted programmes to proactively offer and improve access to social prescribing to an identified cohort with unmet needs. In other words, it involves using data to reach out to patients who may most need support, rather than relying on referrals in to link workers via GPs.
16. One example of a proactive social prescribing service focuses on people with respiratory problems in York (provided by York CVS and the Humber and North Yorkshire Integrated Care Board). The programme identified people with respiratory problems also facing isolation or living in more deprived areas, and proactively reached out to them. Through a personalised approach, it can connect people to appropriate activity groups, among other interventions.<sup>16</sup>
17. Other proactive social prescribing approaches operate through secondary care. A programme at Barts Hospital identifies patients who have been admitted for cardiovascular care who face financial challenges, and connects them to a link worker. The link worker can address the holistic needs of patients, including by supporting them to be more physically active, with the aim of reducing future heart attacks and reducing re-admission.<sup>17</sup>
18. While one-to-one support from link workers is effective, NASP is also testing proactive social prescribing into group physical activities through its Movement Matters Programme. We are supporting 50 GP practices to identify patients who may benefit from group physical activity sessions (including older people) and design appropriate activity sessions. At the moment, group facilitation is not a consistent or widespread element of the Social Prescribing Link Worker role, and there is a clear opportunity to reach more people through this approach. We are happy to provide more details on this programme.

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<sup>14</sup> The rapid growth of social prescribing in England: analyses of primary care medical records using data from the Clinical Practice Research Datalink (CPRD)

<https://www.medrxiv.org/content/10.1101/2025.04.04.25325237v1>

<sup>15</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/03/directed-enhanced-service-personalised-care-March-2022.pdf>

<sup>16</sup> <https://socialprescribingacademy.org.uk/resources/proactive-social-prescribing-service-for-people-with-respiratory-problems/>

<sup>17</sup> <https://socialprescribingacademy.org.uk/resources/social-prescribing-a-priority-innovation-for-hospitals-an-unconventional-approach-to-supporting-patients-after-a-heart-attack/>

## Question 6: Priorities for Government

### ***Social prescribing and the neighbourhood health service: opportunities and challenges***

19. The new NHS 10 year plan presents an important opportunity to create a neighbourhood health service, including by forging better connections between the health system and voluntary organisations that deliver support for older people. Specific commitments in the plan which will progress social prescribing include the adoption of new roles such as Community Health Workers, who offer holistic support and community connection, and the integration of services such as debt advice within neighbourhood health centres.
20. Delivery and implementation of the plan will be crucial and should build on what is already working well. It is important that the progress made with the development of social prescribing is sustained. There is an increasingly strong evidence base for its effectiveness and an established workforce of Social Prescribing Link Workers, and it will be important that there are mechanisms to ensure ongoing recruitment and support as part of neighbourhood health teams. In NASP's link worker survey, link workers identified high caseloads and a need for more training and peer support as key challenges.
21. Using data to proactively reach populations who may need support is an important way to ensure resources are effectively targeted. While Community Health Workers may provide effective support to every household in a particular area, proactive social prescribing approaches enable the effective use of data to identify those who may be in most need of support. This is likely to be a cost-effective way of reaching those who most need support at scale.
22. At the moment, community-based projects promoting physical activity are not always well connected to the health system. For example, many community football trusts run free groups and activities that support people with a range of health problems - but they may not routinely receive referrals from local GP services, or refer patients back into them. Similarly, local community-led organisations may be able to reach groups who are at risk of poor health but who do not routinely access NHS services, and support them to access medical support when needed. These connections can be achieved through brokering partnerships at a national and regional level, including through NASP's social prescribing and physical activity programme.
23. Another key challenge for the further development of social prescribing, and the development of a neighbourhood health service, is funding for

voluntary organisations providing ‘socially prescribed’ activities and services. NHS funding currently pays for the link worker role, but usually not for activities that link workers may connect people to. Voluntary sector organisations that provide preventative support for health and wellbeing often experience severe challenges with funding and sustainability. Current funding often comes from a range of sources and can be fragmented, short term, not focused on outcomes, and encourage competition rather than collaboration. It rarely encourages integration with the health service.

### ***Recommendations***

24. Social prescribing is a proven mechanism for identifying older people who may need support - connecting them to projects that boost physical activity, based on their specific circumstances and preferences. In order to develop social prescribing as part of the new neighbourhood health service, we recommend the following actions to underpin the system and address some of the challenges outlined above.
25. **Proactive social prescribing approaches to support older people should be developed**, including those that enable older people to take part in physical activity sessions. These should include one-to-one support from link workers, and programmes to enable primary care teams to deliver group physical activity sessions. This could include scaling up NASP’s Movement Matters support package nationally, subject to a successful pilot.
26. The Government should ensure funding for the **current ambition in the 2023 NHS Long Term Workforce Plan to increase the number of Social Prescribing Link Workers to 9,000 link workers by 2036/7**. This would ensure that more people are connected to opportunities for physical activity and barriers to their engagement are addressed via a holistic approach.
27. **Link workers need to receive appropriate training and support as part of neighbourhood health teams**. NHS England’s national infrastructure to support Social Prescribing Link Workers has already been significantly reduced. With the functions of NHS England being incorporated into the Department of Health and Social Care, there is a need for mechanisms to deliver updated training, guidance and peer support and share best practice across regions. NASP is well placed to deliver this, building on its current work.
28. There is an urgent need to provide sustainable funding to **voluntary groups that deliver physical activity** and other interventions that can be socially prescribed. Lack of provision of activities is highlighted as a key barrier to referrals by the Social Prescribing Link workers that we consulted. The Government should establish a national **Community Health and Wellbeing Fund**. This could be based on the model developed in NASP’s [\*Envisaging a\*](#)

[Social Prescribing Fund](#) report<sup>18</sup> which was codesigned with almost 100 other organisations.

29. The proposed fund would create a sustainable mechanism for resourcing community-led social prescribing activities and infrastructure, directly addressing the structural barriers that limit their impact. Since March 2025, NASP and Social Finance have worked closely with a vanguard of seven “Early Adopter” sites, alongside sector experts and wider stakeholders, to evolve and operationalise this vision. The plan recognises the role of civil society in building neighbourhood health services that connect communities, the NHS, local government, and the VCFSE sector - a commitment reinforced by the new Civil Society Covenant published by the Government in July 2025<sup>19</sup>. We will shortly publish an initial framework outlining how funding will flow and be leveraged and how the impact of funding to the early adopters will be evaluated - and would be happy to send further information or to discuss this.

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<sup>18</sup> <https://socialprescribingacademy.org.uk/media/wvnenhti/envisaging-a-social-prescribing-fund.pdf>

<sup>19</sup> <https://www.gov.uk/government/publications/civil-society-covenant>

## Annex 1 Overview of social prescribing and its impacts

### ***About social prescribing***

The accepted international definition of social prescribing is that it is “a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription—a non-medical prescription, to improve health and well-being and to strengthen community connections.”<sup>20</sup>

In practice, social prescribing involves connecting people to non-medical activities, groups and services that can benefit their health and wellbeing. It is a way of addressing social determinants of health, including loneliness, isolation and problems related to money, housing or employment, and enabling people to be more physically active.<sup>21</sup>

Social prescribing was enshrined in English national health policy as part of the [2019 NHS Long Term Plan](#)<sup>22</sup>, with national funding through the GP contract. There are now more than 3,400 Social Prescribing Link Workers employed as part of primary care teams. There are also social prescribing services in other parts of the NHS, social care and community services.

Social Prescribing Link Workers receive referrals from a range of sources, especially from GPs and other health professionals, and are able to take a personalised approach, focusing on each patient’s needs and preferences, and help them find non-clinical support in their communities. This support could range from advice and information (e.g. advice on debt or benefits) to helping people join groups that combat loneliness or promote physical activity.

### ***Some of the benefits of social prescribing***

There is an increasingly strong evidence base to show the benefits of social prescribing. The NIHR-funded evaluation of the roll-out of Social Prescribing Link Workers focused on more than four million patient records. It concluded that the rollout of Social Prescribing Link Workers had led to improved patient outcomes and experiences, in relation to management of long-term conditions and mental health and awareness of support available in communities. It stated that the

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<sup>20</sup> Establishing internationally accepted conceptual and operational definitions of social prescribing through expert consensus: a Delphi study | BMJ Open <https://bmjopen.bmj.com/content/13/7/e070184>

<sup>21</sup> <https://socialprescribingacademy.org.uk/>

<sup>22</sup> <https://www.longtermplan.nhs.uk/>

national rollout of link workers “has had the intended outcomes specified in the NHS Long-Term Plan.”<sup>23</sup>

Evaluations from the cross-Government Green Social Prescribing Programme to Tackle and Prevent Mental Ill Health (2021-2025)<sup>24</sup> showed:

- Statistically significant improvements in mental health and wellbeing and strong engagement in communities experiencing high levels of social inequalities that affect health and wellbeing.
- Green social prescribing was relatively cost-effective compared to other mental health interventions. For every £1 invested by central government, the programme generated a social return on investment of up to £2.42.

The research highlighted mechanisms that led to improved mental health, including increased physical activity (e.g. through walking groups and gardening projects).

NASP’s analysis shows that social prescribing can lead to substantial reductions in health service use and costs, through a reduced need for GP appointments, A&E attendances and hospital admissions. For example, there was a 42% drop in GP attendance among patients referred to social prescribing in Tameside and Glossop, compared to a 5% drop in a control group. In Newcastle, in a project focused on long-term conditions, secondary care costs were 27% lower among patients referred to social prescribing compared to a matched control group.<sup>25</sup>

Social prescribing is also supported by clinicians. A survey commissioned by the Department of Health and Social Care suggested that 97% of clinicians were favourable to social prescribing. The model is also widely supported across the voluntary sector.<sup>26</sup>

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<sup>23</sup> <https://socialprescribingacademy.org.uk/resources/largest-ever-social-prescribing-study-shows-positive-impact-on-patients/>

<sup>24</sup> <https://socialprescribingacademy.org.uk/resources/green-social-prescribing-improves-your-mental-health/>

<sup>25</sup> <https://socialprescribingacademy.org.uk/media/t13fg02l/the-impact-of-social-prescribing-on-health-service-use-and-costs.pdf>

<sup>26</sup> <https://www.gov.uk/government/publications/green-social-prescribing-perceptions-among-clinicians-and-the-public/exploring-perceptions-of-green-social-prescribing-among-clinicians-and-the-public>