Invitation to participate: Pilot sites for financial inclusion within social prescribing

Date: November 2026

1. Background

The National Academy for Social Prescribing (NASP) has launched a new programme, funded by the Aviva Foundation, that explores how financial inclusion can be better embedded into social prescribing with the aim of more seamless support for people with multiple long-term conditions who are facing financial hardship.

As part of this programme, we will test and evaluate how local social prescribing link worker services incorporate support for patients' financial wellbeing through two different pilot sites at Primary Care Network (PCN) level. These pilots will identify effective approaches to financial inclusion and key enablers within local systems, whilst highlighting barriers and gaps in service through an evidence-led approach.

The purpose of the pilots is to generate learning that can be used to influence national policy and inform practice, aiming to make it easier for patients in primary care who have financial concerns to access appropriate guidance and support.

We are therefore seeking organisations that employ ARRS-funded Social Prescribing Link Workers within primary care settings, based in or working closely with GP

practices, and operating in line with the NHSE Guidance and competency framework for social prescribing[1].

Focusing the pilots on services working within this nationally recognised model will ensure that the learnings are directly relevant and transferable to other services funded and delivered through the national primary care model.

We are looking to fund two local organisations or PCNs to help us test the approach and deliver the pilots.

2. About the National Academy for Social Prescribing

Established as a charity in 2019, the National Academy for Social Prescribing champions social prescribing in the UK and across the world. We bring together health services and professionals, voluntary organisations, researchers and national partners to help more people access non-medical support that improves their health and wellbeing.

Social prescribing is a way of connecting people to support that addresses issues such as loneliness, isolation or stress due to problems with housing, debt and other unmet needs. Through social prescribing, we can change the way we look at health and wellbeing, and help people, the NHS, and our society as a whole. We want everyone to live the best life they can through social prescribing.

Find out more: https://socialprescribingacademy.org.uk

3. Overall pilot aims

An estimated 14 million people in England live with multiple long-term conditions (LTCs), facing complex, overlapping financial, social, and health challenges. Financial wellbeing is increasingly recognised as a measurable social determinant of health[2][3] and social prescribing link workers (SPLWs) are at the frontline of addressing these challenges.

Creating guidance for SPLWs, including clear pathways into expert advice and support, could help patients identify and manage financial concerns, and therefore reduce the impact of financial stress on their health and wellbeing.

[1] https://www.england.nhs.uk/long-read/workforce-development-framework-for-social-prescribing-link-workers/
[2] https://pmc.ncbi.nlm.nih.gov/articles/PMC7233592/
[3] https://pmc.ncbi.nlm.nih.gov/articles/PMC11207141/

During the co-design phase of these pilots, we will collectively produce the deliverables, agreeing exactly what will be tested, monitored and evaluated within your service. These will meet our aims to:

- Support up to 2,500 patients with their financial wellbeing
- Design a report with key findings and recommendations that contribute towards development of government policy or similar initiatives aimed at supporting financial wellbeing
- Improve access to financial support for patients through improved local systems, referral pathways and better-connected financial advice, community and health services
- Strengthen the role of social prescribing link workers in supporting the financial wellbeing of patients

The evidence generated through these pilots will be used to influence widespread adoption and an informed way of integrating financial inclusion within social prescribing across primary care.

4. Principles for pilot delivery

Each pilot site will be expected to:

- **Co-design the pilot**, pro-actively identifying what models you will test through your existing social prescribing service and agree the outcomes for the pilot, which meet the aims set out above.

- **Collect robust and consistent outcomes data to assess impact**. Pilot sites will provide regular reporting of quantitative data, including patient data, as well as qualitative and thematic learning, which will contribute to the evidence for scaling models in social prescribing across primary care.

- **Collaborate with relevant community stakeholders to co-produce the pilot with NASP**. Lead applicants will be responsible for co-ordinating the participation of relevant organisations in the local PCN footprint, including but not limited to: GP services, financial advice organisations, VCFSE organisations and people with lived experience of having multiple long-term conditions and facing financial hardship. These stakeholders must participate in all aspects of the pilot, from co-design sessions to final evaluation.

- **Ensure lived experience is embedded throughout**. As this work aims to improve the lives of patients with multiple long-term conditions facing financial hardship, we expect pilot sites to facilitate the participation of

this lived experience and ensure they are active participants in both design and delivery phases.

- **Have the capacity to deliver the agreed approach** (incl. appropriate training and upskilling of link workers) and participate in pilot activities, including:
    - The co-design of the pilot
    - Pilot delivery
    - Operational check-in meetings
    - Regular engagement with NASP
    - Monitoring and evaluation duties
    - Wider learning and knowledge-sharing sessions

Here is the expected timeline for the two pilots:

Date	**Activity**
November 2026 – January 2027	Application window is open (with a deadline of 12 January) for organisations to apply to become a pilot site
February 2027	Pilot sites confirmed and partnership agreements signed
March 2027 – April 2027	Initial co-design session(s) to agree pilot activity, outcomes, ways of working and data collection
April 2027 – January 2028	Regular operational check-ins and reporting, including quarterly reviews, peer-learning and adjustments made to activities where necessary
January 2028 – March 2028	Evaluation of pilot and wider learning activity
April 2028 – March 2029	Continued collaboration exploring how learning from the pilots can be integrated into routine practice more widely. This could include national influencing and sharing learnings amongst clinicians, PCNs, NHS England, Neighbourhood Health, local

	communities and the link worker workforce. Details of this activity will depend on the results of year 1 delivery.

5. Requirements

Essential:

- A Primary Care Network (PCN), community or health organisation that employs a minimum of two ARRS-funded[4] social prescribing link workers *(all applicants will require their local PCN to agree to collaborate)*.
- The social prescribing service routinely collects output & outcomes data and is confident data on financial wellbeing can be both secured and shared with NASP.
- Ability and willingness to strengthen relevant community networks and take responsibility for co-ordinating relevant stakeholders within the PCN footprint.
- Social prescribing link workers have relationships with people with multiple long-term health conditions and low financial resilience, who will contribute to the design and delivery of the pilot.
- Social prescribing link workers have the capacity to participate in financial inclusion training design and delivery being developed by NASP.
- Social prescribing link workers have supervision in place in line with the DES contract (see Annex B 3.4).
- All pilot site stakeholders have the capacity to deliver activities outlined in section 5 of this brief.

Desirable:

- Ability to track patients receiving social prescribing on GP systems and allow access to anonymised GP system data.
- The social prescribing service is connected to the Integrated Neighbourhood Health team.
- Have a particular focus on people with multiple long-term conditions, or have identified this group as a priority patient cohort.

[4] Additional Roles Reimbursement Scheme (ARRS) is funding from NHS England that PCNs to recruit additional healthcare professionals and expand multidisciplinary teams, with eligible employment costs reimbursed in accordance with scheme rules: https://www.england.nhs.uk/publication/network-contract-directed-enhanced-service-additional-roles-reimbursement-scheme-guidance/

- Have a particular focus on work and health.
- Operating in an area ranked amongst those most deprived in the Index of Multiple Deprivation (IMD).

6. Funding and support

Each successful pilot site will receive a fixed grant of £25k to support their participation in the delivery of this work.

The funding is intended to enable participating sites to contribute to the co-design, implementation, monitoring and evaluation activities outlined in this invitation. Pilot sites will be responsible for determining how the funding is best used locally to support delivery, in line with the agreed aims and activities of the programme.

Funding will be provided to each successful pilot site in accordance with the below payment schedule and subject to the completion of the necessary grant or funding agreement.

Payment schedule:

Successful applicants will be asked to sign a partnership agreement before launching pilot activity. Payments will be made on the following basis:

- 50% of the grant amount to be delivered on receipt of signed agreement
- 50% of the grant amount to be delivered on receipt of year 1 deliverables (deliverables to be co-produced and confirmed by April 2027)

7. Process and timing

To apply for this tender, please complete the attached submission form.

If you have conducted similar activity before relating to embedding financial inclusion in social prescribing or neighbourhood health, you may wish to attach or link to any relevant reports, blogs or learning/evaluation materials.

The deadline for applications is **5pm on Tuesday 12th January**. Please submit your application materials to financialinclusion@nasp.info

Online interviews will be held in early February, and the applicants will be notified of the outcome by the end of February.

NASP reserves the right to close the application window if there is a high level of demand for participation.

8. Alternative arrangements

We are committed to creating an accessible and inclusive process, and to removing barriers wherever possible. We will consider reasonable adjustments at every stage of the selection process to support individual needs.

If you require adjustments, an alternative method of application, or would like to discuss your needs, please contact us at financialinclusion@nasp.info and we will be happy to support you.

9. Contact

For questions about this tender or an informal discussion please contact us via email at financialinclusion@nasp.info

Please note that NASP's offices will be closed from Friday 25th December until Monday 4th January. Any enquiries sent during this period will be responded to on our return.