



National
Academy
for Social
Prescribing



LET'S CHANGE THE
WAY WE LOOK AT
**HEALTH AND
WELLBEING**

STRATEGY 2023-26



1. Foreword

Each of us has the right to define our own lives. To thrive rather than just survive. To grow beyond the limitations of our circumstances. We all deserve help when we're finding things tough, and to enjoy a sense of connection and value in our communities. But too often people can't get the support they actually need, when they need it.

As a GP, I know that there are many non-medical activities and services that can make a profound difference to people's health and wellbeing. If someone comes to me because they are lonely and isolated, helping them find a supportive network, a sense of belonging, and activities they enjoy is likely to be the best prescription.

If someone is overwhelmed because of financial pressures, helping them claim the benefits they're entitled to can have a hugely positive impact on their health and wellbeing.

The National Academy for Social Prescribing's vision remains unchanged: **we want to help people to live the best life they can through social prescribing.** This means understanding the complexity of people's lives, as well as the inequalities they may face.

It means helping people to overcome the barriers that prevent them from having good health and wellbeing, based on their unique circumstances and preferences.





We want to help people to live the best life they can through social prescribing.

Our Vision

It means having systems in place so that a range of people - including link workers and volunteer connectors - can recognise health and wellbeing needs and actively connect people to support. It means ensuring that the right activities and services are available and resourced across the country. It means being innovative, working with partners across sectors to find new opportunities. And it means continuing to build the evidence base, so that we know what works and can act on it.

In the three years since our launch, the challenge of COVID-19 has meant that issues such as loneliness, mental health and social inequalities have become even more prevalent. The momentum behind social prescribing is therefore growing. As we move on from the pandemic, we continue to face huge challenges, including around the cost of living. We are now facing a unique opportunity to build stronger, more resilient communities with robust social prescribing systems.

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.

As we continue to mature and move into our next phase as an organisation we have big aspirations, which will come to life with the arrival of our new Chief Executive in 2023. Our work will be centred around five key ambitions, outlined in this strategy, that transform the scale and impact of social prescribing. Our values of belonging, collaboration, ambition, curiosity and integrity will run through everything we do.

Prof. Dame Helen Stokes-Lampard
PhD FRCGP
Chair of Trustees
for NASP



“I have thoroughly enjoyed each week and have learned new skills that I have used outside of the sessions, made connections, and it has done more for my mental health in just these few weeks than months of talking therapy and medication.”





2. Introduction

Founded in 2019, the National Academy for Social Prescribing (NASP) is a registered charity. Our purpose, or mission, is to champion better health and wellbeing through social prescribing by:

- Improving the quality and range of social prescribing available to people across the country
- Bringing together partners across a range of sectors to optimise the impact of social prescribing
- Developing and sharing best practice and looking at new ways of funding social prescribing
- Increasing awareness of the benefits of social prescribing and what good social prescribing looks like, by building and promoting the evidence

We have grown rapidly since 2019, developing and delivering a number of hugely successful global, national and regional programmes to meet these aims. As we develop, we continue to refine our offer while keeping the bar high in terms of what we want to achieve.

This strategy sets out our long-term ambitions for social prescribing. It is for our staff, our trustees and our partners and seeks to clearly describe social prescribing and what we will do to strengthen it collaboratively over the next three years to 2026.



3. What is social prescribing?

Social prescribing can be described as a way of actively connecting people to activities, information and resources to help address an unmet health and wellbeing need or risk.

It is an approach that recognises the impact of wider social factors on people's health and wellbeing. These can be very wide-ranging and can include issues like loneliness, isolation or stress due to financial pressures or poor housing, which can seriously impact our health and wellbeing but cannot be treated by doctors and medicine alone.



Examples of social prescribing include:

- Supporting someone with dementia to join a dementia choir, enabling them to maintain a sense of social connection
- Working with someone with high blood pressure to take up a form of exercise that they're comfortable with
- Helping someone who is isolated and lonely to join a befriending group, an art class or a community gardening project, based on what they feel works for them

- Connecting someone struggling with financial stress to find a service that helps them manage debt or claim welfare benefits

In each of these examples there is (a) an unmet health and wellbeing need or risk, (b) active support from either another individual or through targeted information enabling them to connect, and (c) the provision of helpful activities, advice or information. If one of these three components is missing, it cannot be called social prescribing.

Why we need social prescribing

As society changes our health needs are changing too.

Firstly, we are living longer. By 2041 the number of people over the age of 85 will have increased to 3.2 million (as much 4% of the population). This number will increase further to 5.1 million (7% of the population) by 2066¹. As a result, many more of us will live with multiple or long-term health conditions in older age like dementia, degenerative diseases and depression.

Secondly, the number of people experiencing loneliness is increasing and is set to reach 2 million people over the age of 50 by 2026². Young people (aged 16-34) are five times more likely to experience loneliness than those aged over 65³. Social isolation and loneliness can have negative impacts on life expectancy⁴ and have been linked to cardiovascular health risks and increased death rates, blood pressure, depression and risk of dementia.

One in five GP appointments are for health issues caused by unmet social needs such as loneliness, isolation, relationship problems or concerns about debt or housing.





Thirdly, many more people are experiencing deprivation, with just over one in five currently living in poverty⁵. An estimated 1.5 million more people are predicted to experience poverty as a result of cost-of-living pressures, compared to the pre-pandemic baseline⁶.

Poverty has profound impacts on physical and mental health. For example, poorly heated homes (due to financial pressures) can directly lead to respiratory illnesses, depression and can exacerbate existing conditions⁷. The worrying and stress caused by not having enough money, or having debt, can seriously impact mental health⁸.

This changing societal picture and the resulting health implications put pressure on the health system, which is often not equipped to deal with the social root of the problem. It is estimated that almost 20% of General Practitioner (GP) appointment time involves addressing primarily social rather than medical problems⁹. This typically includes issues like loneliness, isolation, relationship problems or concerns about debt and housing.

Social prescribing can help tackle these social challenges very effectively. Not only can it help people to manage existing health conditions and have a better quality of life, but by addressing the social cause of an issue, it can also prevent or lessen knock-on health and wellbeing impacts to the individual and to the health system.

This was excellently demonstrated by the Thriving Communities Fund¹⁰, a programme which supported the health and wellbeing of an estimated 11,000 people through social prescribing throughout the pandemic. The primary reasons for referrals were to address issues relating to loneliness, social isolation, anxiety or depression. Social prescribing enabled people to take control of their lives, be less isolated, make connections and improve their health and wellbeing.

Without social prescribing, these social challenges will continue to grow, resulting in serious health and wellbeing issues for millions of people, therefore putting further strain on the health system.





Social Prescribing Link Worker

Mandy, like many people working in social prescribing, had a varied career in healthcare before becoming a Senior Social Prescribing Link Worker for the High Peak Community Voluntary Service Social Prescribing Team in the Peak District.

Mandy's patients are referred to her through primary care networks - GPs, midwives, or social workers for example. They might be someone leaving hospital, frightened to return to their old life or it could be a person whose health cannot be managed by medicine alone. Every time she meets someone new, she spends time with them, getting to the bottom of the circumstances that are making them, as an individual, unwell.

With in-depth knowledge of the services available in her local community, Mandy is then able to refer people to the services or community groups that can support them to build a healthier, happier life. This may take the form of debt advice and help with housing, or it could even be a woodworking workshop for newly retired men.

She said: "So often in recovery programmes I've worked in it's easy to overlook a person's future after progress is made. Link workers fill that gap, coaching people to build new community connections that they can reach out to for support and through this, to manage their own wellbeing."

How to access social prescribing

Active support to connect to social prescribing activities can be provided in different ways.

The most commonly understood way of accessing social prescribing is with the active support of a Social Prescribing Link Worker. A GP or health professional can refer someone with specific health and wellbeing needs to a Link Worker, although referrals can come from other sources too. Social Prescribing Link Workers work closely with individuals to really understand their needs and provide specialist support to connect them to the activities, advice or information that they require.

Social prescribing activities can also be accessed with the active support of less formal community roles. These community roles can potentially reach a wider range of people, who

still have (or are at risk of having) unmet health and wellbeing needs, but who may need less intensive support to connect to the help that they need. These enabling roles include trained local connectors, buddies, volunteers, friends, family and neighbours. The Thriving Communities evaluation report showed that 85% of total referrals recorded across the programme came via community routes that didn't involve a link worker¹¹.

It can be helpful to view social prescribing as a whole community approach, or a system, rather than a single route to support.

When the social prescribing system works well, there are benefits for not only the individual, but also for health equity, the health system, the economy and the environment.



The wider benefits of social prescribing

Social prescribing can improve the health and wellbeing of individual people. The evidence shows that social prescribing can have a positive impact on a very wide range of outcomes, including decreases in loneliness, improvements in mental health, in increased social connections and in overall wellbeing¹².

Social prescribing helps reduce health inequalities¹³. Vast differences in the social impacts on health, individual health behaviours, illness,

disability, availability of services and activities, quality and experience of care, proximity to accessible natural spaces, geography, and wealth mean that health outcomes are not the same for everyone, with marginalised and vulnerable people often experiencing the worst outcomes.

Social prescribing can look at both the circumstances that make an individual unhealthy and their symptoms, making it valuable in addressing inequalities at all stages of life.

Social prescribing also benefits the health system. In 2019, the social prescribing service at Frome Medical Practice resulted in fewer emergency hospital visits and a 21% decrease in healthcare costs, representing 5% of the total healthcare budget¹⁴.

Based on current evidence, we estimate that the planned roll-out of 4,500 social prescribing link workers could lead to 4.5 million fewer GP appointments per year in England once the programme is fully operational¹⁵.

Social prescribing is good for the economy. Several evaluations of social prescribing show a favourable social return on investment, with the largest study undertaken by the University of Sheffield showing a social return of £3.42 for every £1 invested in social prescribing¹⁶.

Social prescribing is good for the environment. It can help reduce the impact of healthcare on climate change¹⁷ and it can promote nature connection, which has been shown to encourage pro-environmental behaviours¹⁸.

Social Prescribing Activity

Nelly, a former nurse living in York, lives with a chronic illness that sometimes means she can barely leave her bed for weeks. But, through 'Archaeology on Prescription' she has found new friends and a new lease of life.

She said: "I didn't think I'd be able to do it initially - with my mobility issues - but there are a few participants who struggle with pain and actually we are all finding the project is helping us cope with it. That connection with each other and the community is incredible. I've got a couple of friends from the first pilot and we speak outside the project now... It helps more with my mental health than the hospital ever did."

Nelly and the other participants took part in a range of activities including digging, recording the findings and washing the objects they have found. They also spend time researching the local area to find clues as to what the city used to be like.

She continued: "When you live on your own and you're ill, it can be incredibly lonely. I think loneliness is a huge issue - especially for those I talk to. It can really affect your mental health. So, becoming part of something is so important. In my life - since I became ill - there hasn't been much fun and in this group, it is so fun. We laugh all the time!"





4. Our five ambitions for better social prescribing

To achieve better health and wellbeing through social prescribing, and realise the wider benefits, there are many areas which need to be developed and strengthened.

For example, there need to be stronger connections within the system, investment in provision and more compelling evidence to shape it. Our five ambitions for better social prescribing are set out below.

In summary, we would like to see:



A connected social prescribing system enabling easier access to activities and information



The best evidence shaping social prescribing policy, practice and research



Local, national and international partnerships driving innovative ideas and approaches



A raised profile of how social prescribing changes lives and strengthens communities



Boosted investment in community activities directly supporting people's health and wellbeing





A connected social prescribing system enabling easier access to activities and information

By 2026 all communities will have link workers, community hubs and trained local connectors

To enable easier access to activities, advice and information the social prescribing system needs to work well. We know local needs change and vary between communities, so local social prescribing systems need to be equipped to continually respond and adapt to different needs.

To enable high quality social prescribing everywhere we are working to test and develop the infrastructure and tools needed to enable the whole social prescribing system to thrive.

- We will develop and launch a new Community Connections work programme with a toolkit of webinars, training and case studies. This will include guidance on effective design and evaluation, building networks, setting up community hubs and access points, and training local connectors.

- Building on pilot work with Natural England and Historic England, we will work with a range of partners to develop and embed community connector roles across all sectors. This could include, for example, connectors across football community trusts, libraries and pharmacies, training care home staff, paramedics, and volunteers in the charity retail sector.
- Working with multiple partners across all sectors, we will work to explore, support and develop the opportunities to create more community hubs to enable social prescribing. This could include green community hubs and hubs within libraries, care homes, heritage spaces and museums, leisure centres, sports facilities and arts organisations.
- Working with NHS England, link workers, the wider workforce and stakeholders, we will support the ambition to recruit and retain social prescribing link workers. We will do this by building leadership in the system, providing workforce development support and guidance, and championing lived experience participation in the workforce at a local, national and global level.





Local, national and international partnerships driving innovative ideas and approaches

By 2026 we will co-design and test five approaches to addressing high priority health and wellbeing needs

There are many longstanding high priority health and wellbeing needs that require different approaches to effectively address the issue. For example, we know men are 32% less likely to visit their GP than women¹⁹ and are sadly three times more likely to die by suicide²⁰. We also know that having a job is the third biggest contributor to good health and wellbeing, but an estimated 149.3 million working days were lost in the UK in 2021 due to sickness or injury²¹.

Men's health and the health and wellbeing of working aged people are just two areas where innovation is required to make real improvements through social prescribing, and we need to look across other sectors to learn, share and optimise what works.

- Working with Sport England, the NHS and football club community organisations, our More Than a Game programme will drive better ways of working between the NHS and local communities to address men's physical and mental health needs, and the wider needs of local communities, through social prescribing.
- We will launch and deliver Social Prescribing at Work. We will work with employers to identify the needs of their staff, co-design the right offer and provide training to dedicated employees who can refer and connect people to a range of activities and support. This approach can support people's wellbeing and prevent future ill health.
- Working with Independent Age, we will identify, co-develop and trial social prescribing approaches for older people experiencing poverty and from marginalised communities.
- We will continue to work with Natural England, the Department for Environment, Food and Rural Affairs (Defra) and others to ensure the national green social prescribing test and learn pilots provide evidence on how to better manage mental health and guidance on scaling up what works.
- We will expand our work with countries across the world to embrace social prescribing for better health and wellbeing. Through the Global Social Prescribing Alliance programme and working with the World Health Organisation, we will convene an international community of practice and support international workforce development, research and policy.





Boosted investment in community activities directly supporting people's health and wellbeing

By 2026 there will be more accessible investment for social prescribing aligned with integrated care systems

A review undertaken by our academic partners showed that there is a range of different funding models for social prescribing, which include a diversity of funding sources from across the private, public and charitable sectors²².

It highlighted that whatever the funding model, the voluntary, community, social, faith and enterprise (VCSFE) sector is central to the delivery of social prescribing, but smaller providers are at risk and need improved investment systems in place. The evidence also suggested that the most effective investment models and approaches are those where a range of local partners work together.

The provision of activities, advice and information is central to the success of social prescribing and needs investment in order to thrive. We will work with Government departments and grant-making organisations to play a central role in developing better funding pathways to boost viable and long-term investment in these activities.

- Working with the National Lottery Community Fund, we will continue to explore and co-develop a Shared Investment Pilot scheme. This will be a combined, place-based funding vehicle alongside the new Integrated Care Systems, to include ring-fenced health funding, and other funds from both the public and private sectors.
- We will work with funding organisations to explore and co-develop consortium models of investment in social prescribing. For example, working with The Utley Foundation and other funders, we will create and lead the Power of Music Fund: designed to support, scale and deliver music-based activities. The fund will first focus on the power of music for people living with dementia, before widening out to other communities that can also benefit from music.
- Building on the success of our partnership with Arts Council England to deliver the Thriving Communities Fund, we will explore opportunities to become a grant maker in our own right. This would enable us to distribute funds to build capacity and partnerships to deliver activities where the need is greatest.



The best evidence shaping social prescribing policy, practice and research

By 2026 there will be an international evidence collaborative across 20 countries delivering a shared strategic evidence agenda

There is a compelling evidence base for the health and wellbeing benefits of taking part in the types of activities that social prescribing connects people to. However, research into their use as part of social prescribing pathways is still relatively new and decision makers are making an urgent call for better ways to evaluate and report on the impact of social prescribing to help build the case for support.

To help accelerate evidence generation and to ensure the findings are shared in ways that are as accessible and useful as possible, we will bring people together from across the social prescribing pathway to help us identify and address the priority evidence needs.

- We will develop and expand our emerging International Evidence Collaborative, and working alongside the Global Social Prescribing Alliance and other partners, we will support them to help identify, support and advance shared and strategic research agendas through collaboration.
- We will continue to help identify and address key evidence gaps for policy and practice in the UK. Working with our evidence collaborative, and with partners from across all the sectors with an interest in social prescribing, we will look to pool resources, share insight, and produce accessible and useful evidence products. As above, work to date has highlighted an immediate priority to develop better ways to report on the economic value of social prescribing services, and to support VCFSE activity providers to demonstrate the impact of their services.
- We will also continue to provide an evidence service to NASP itself, to ensure all our activity is evidence informed and can contribute to the evidence base too.

It can be helpful to view social prescribing as a whole community approach, or a system, rather than a single route to support.





A raised profile of how social prescribing changes lives and strengthens communities

By 2026 two-thirds of adults will report that they recognise the value of social prescribing activities to health and wellbeing

While social prescribing continues to grow, only 9% of people say they understand what it is²³. It is important that we continue to build awareness of the benefits of social prescribing so that people recognise there is support in their community for unmet health and wellbeing needs beyond the services offered by their GP. Through our work, we will aim to ensure that two-thirds of people recognise the benefits of activities related to social prescribing for health and wellbeing.

- We will launch a campaign to increase public awareness and understanding of social prescribing.
- We will continue to raise awareness and share best practice in social prescribing through films, webinars and podcasts.
- We will bring together all our partners on Social Prescribing Day to raise awareness of what social prescribing is, how it benefits health and wellbeing, and the impact it can have on reducing health inequalities; to support and celebrate people and organisations currently working in social prescribing-related roles and to celebrate the success of social prescribing across the world.





5. How we will generate income

As a registered charity, we need to generate income in order to deliver our purpose and the ambitions set out in this strategy. We have long-term ambitions and therefore need to seek long-term funding and start to build new models to support the work we do.

We will look at different sources of funding and develop different models of income generation. Diversifying our approach in this way will enable us to find and secure long-term investment for the future of NASP.

We also know that the wider sector needs support to develop and sustain social prescribing, particularly community level organisations. Therefore, part of our income generation work will also focus on how we can develop models and approaches to enable the sector to build capacity and infrastructure.

Our role as a convenor and innovator will support community level organisations to enhance and scale social prescribing activities and services.



References

- 1 [Living longer - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)
- 2 [Loneliness Research | Campaign to End Loneliness](#)
- 3 Department for Digital, Culture, Media, and Sport (2022) Investigating factors associated with loneliness in England. London: Gov.uk Available at: <https://www.gov.uk/government/publications/factors-associated-with-loneliness-in-adults-in-england/investigating-factors-associated-with-loneliness-in-adults-in-england>
- 4 [Community-centred practice: applying All Our Health - GOV.UK \(www.gov.uk\)](#)
- 5 <https://www.jrf.org.uk/report/uk-poverty-2022>
- 6 [The poverty impact of the government energy price guarantee, and announced tax cuts | Legatum Institute \(li.com\)](#)
- 7 [the-health-impacts-of-cold-homes-and-fuel-poverty.pdf \(instituteoftheequity.org\)](#)
- 8 Kitmitto L., Mughal R., Polley M. & Chatterjee H J. (2022) How social welfare legal and financial issues affect health and wellbeing: the role of social prescribing. NASP. [nasp-briefing-social-financial-legal-advice.pdf \(socialprescribingacademy.org.uk\)](#)
- 9 [A very general practice: How much time do GPs spend on issues other than health? - Citizens Advice](#)
- 10 [Thriving Communities Fund Evaluation Report | Arts Council England](#)
- 11 [Thriving Communities Fund Evaluation Report | Arts Council England](#)
- 12 Polley M, Chatterjee H, Asthana S, Cartwright L, Husk K, Burns L, Tierney S. [On behalf of the NASP Academic Partners Collaborative]. (2022). ‘Measuring outcomes for individuals receiving support through social prescribing’. London: National Academy for Social Prescribing [nasp-briefing-outcomes.pdf \(socialprescribingacademy.org.uk\)](#)
- 13 [Social prescribing: applying All Our Health - GOV.UK \(www.gov.uk\)](#)
- 14 [Case Study: The Frome Model of Enhanced Primary Care - Shift \(shiftdesign.org\)](#)
- 15 [New evidence- National Academy for Social Prescribing | NASP \(socialprescribingacademy.org.uk\)](#)
- 16 Kimberlee R, Bertotti M, Dayson C, Asthana S, Polley M, Burns L, Tierney S, Husk K. [On behalf of the NASP Academic Partners Collaborative]. (2022). ‘The economic impact of social prescribing’. London: National Academy for Social Prescribing [nasp-briefing-economic-impact.pdf \(socialprescribingacademy.org.uk\)](#)
- 17 [Climate and health: applying All Our Health - GOV.UK \(www.gov.uk\)](#)
- 18 Mackay, C. M., & Schmitt, M. T. (2019). Do people who feel connected to nature do more to protect it? A meta-analysis. *Journal of Environmental Psychology*, 65, 101323.
- 19 [Do men consult less than women? An analysis of routinely collected UK general practice data | BMJ Open](#)
- 20 [Men and mental health | Mental Health Foundation](#)
- 21 [Sickness absence in the UK labour market - Office for National Statistics \(ons.gov.uk\)](#)
- 22 [nasp-briefing-funding-models.pdf \(socialprescribingacademy.org.uk\)](#)
- 23 Survey of 2,000 adults in the UK by YouGov for the National Academy for Social Prescribing, March 2022. 12% of participants recognised the phrase “social prescribing” and 9% agreed that they had a good understanding of what it meant.





National
Academy
for Social
Prescribing



Get in touch

socialprescribingacademy.org.uk

 [LinkedIn](#)

 [Instagram](#)

 [Twitter](#)

