

Social Prescribing Wellbeing Value



What Is a WELLBY and Why Does It Matter?

A WELLBY (Wellbeing-Adjusted Life Year) is a one-point improvement in life satisfaction on the 0-10 scale, sustained for one person for one year¹. The lower the cost per WELLBY, the more efficiently a service creates wellbeing for the money spent.

How public organisations value wellbeing

- **Green Book WELLBY value:** £13,000 per WELLBY. The value HM Treasury places on a WELLBY for cost-benefit decisions.
- **NHS marginal health-spending comparator:** around £2,500 per WELLBY². This estimates the wellbeing value generated by an extra pound of NHS health spending.
- **Excellent value:** below £2,500 per WELLBY. The band in which an intervention produces wellbeing more efficiently than additional NHS health spending.

The Headline Finding

Involve Kent delivered social prescribing to **6,443 patients in 2023-24** across PCN-employed and ICB-employed link workers, Children and Young People services, and other adult services. Across this cohort, the service is estimated to have generated wellbeing gains at an indicative cost per WELLBY of **£718**, below the indicative NHS marginal health-spending comparator (£2,500) and far below the Green Book monetary value of a WELLBY (£13,000, at 2019 prices).

How the cost per WELLBY is calculated

Service users completed a life satisfaction score (0 to 10) at the start and end of their support, with an average of 4.5 months between the first survey and follow-up. We took the average score before, the average score after, and the difference between the two as the average wellbeing change per person. That average change was multiplied by an assumed 6-month benefit duration to give average WELLBYs per user.

The average cost per referred person was then divided by the average WELLBYs per user to give the indicative £718 per WELLBY. The cost figure uses the published PSSRU 2024⁴ unit cost of £466 per referred person, which covers link worker time plus funded onward VCSE provision. Any social prescribing service with paired pre/post life satisfaction scores and a unit cost can run the same calculation.

Social Prescribing — Cost per WELLBY by Population Group

Across all SP services, weighted by service-user counts (n = 6,443) | Benchmarked against the indicative NHS marginal comparator and HMT WELLBY value

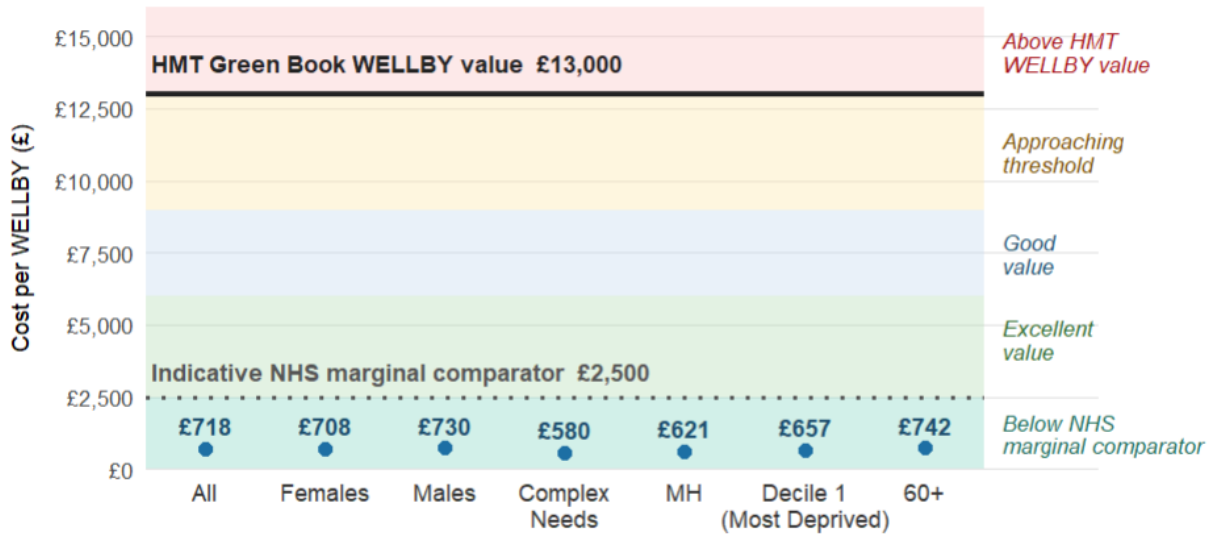


Figure 1: Indicative cost per WELLBY by population group vs the indicative NHS marginal comparator and the Green Book WELLBY value. All values fall below the indicative comparator.

How Does This Compare?

The table compares Involve Kent’s result against the best published cost-per-WELLBY estimates for similar UK community and NHS prevention interventions, plus the two key benchmarks.

Intervention	Cost per WELLBY	Notes
Involve Kent Social Prescribing	£718	This analysis · weighted avg · 6-month assumption
Parkrun	£165	World Happiness Report 2025 · community physical activity
UK National Lottery wellbeing programmes	£400	Frijters & Krekel 2021 · closest strategic community comparator
Indicative NHS marginal health-spending comparator	£2,500	Frijters & Krekel 2021 · derived from Claxton et al. 2015
Wales National Exercise Referral Scheme (NERS)	£4,844	Murphy et al. 2012 · £12,111/QALY at 2.5 WELLBYs/QALY
Green Book WELLBY value (social value, not a cost)	£13,000	HM Treasury 2021 · 2019 prices

At £718 per WELLBY, social prescribing sits in a similar value band as Parkrun (£165) and UK National Lottery wellbeing programmes (£400), and substantially below Wales NERS (£4,844). The estimate is around **71% below the £2,500 indicative NHS marginal comparator**. Against the £13,000 Green Book value of a WELLBY, the implied **gross benefit-value ratio is around 18:1**, before adjustment for attribution, non-response or price year.

What This Means for Demand Reduction and Value

This cost-per-WELLBY result sits alongside two further evidence strands on social prescribing: a separate cost-per-QALY analysis (**£2,548 per QALY weighted average across all services**, well below the NHS marginal cost of £13,000/QALY), and the NASP return-on-investment model for social prescribing in the NHS. The model draws on 19 UK studies (over 42,000 patients) and estimates that social prescribing can save approximately **£418 per patient per year** through reduced hospital activity, approximately **£4 of NHS savings for every £1 spent on link worker salaries³**.

Why these three findings are consistent

Three independent appraisal lenses, cost per QALY, cost per WELLBY, and NHS ROI evidence, all point the same way: social prescribing produces health and wellbeing gains efficiently, with associated sector evidence of reduced NHS use. The QALY and WELLBY results are from this Involve Kent cohort; the ROI evidence is sector-wide.

4 Key Insights for Decision Makers

- **Strong value for money.** At £718 per WELLBY across 6,443 patients, the service is estimated to produce wellbeing at less than one-third of the indicative NHS comparator (£2,500). Each WELLBY generated costs around one-eighteenth of the Green Book value of £13,000.
- **Consistent value across all groups under the same duration assumption.** Every subgroup analysed sits below the £2,500 comparator under the same 6-month assumption. The strongest results are in the highest-need groups - complex needs (£580) and mental health (£621) - though higher gains in these groups may reflect regression to the mean or greater room for improvement, not necessarily intrinsic differential effectiveness.
- **Multiple evidence streams point in the same direction.** The cost-per-QALY result (£2,548), cost-per-WELLBY result (£718) and NHS ROI evidence (-£4 return per £1 on link worker salaries) all support the same value case: social prescribing generates health and wellbeing gains efficiently, with potential downstream reductions in NHS resource use.
- **Aligned with HM Treasury's Green Book wellbeing approach, and potentially conservative.** The Green Book is the government's guide for appraising public spending. This analysis uses its WELLBY definition directly: a one-point life satisfaction gain on a 0-10 scale for one year. Delivery and referral costs are included, but downstream NHS savings are excluded.

Important Caveats

These findings should be read as Green Book-compatible indicative evidence, not definitive causal proof. Four caveats apply:

- **Duration of benefit.** The headline assumes wellbeing improvement persists for 6 months. Most published social prescribing follow-up is at 2-3 months. At 3 months sustained benefit, cost per WELLBY would be approximately £1,436 (still below £2,500); at 12 months, approximately £359.
- **No control group.** This is a before-and-after analysis. Without a comparison group, the estimate should not be interpreted as a fully attributed causal effect. Regression to the mean is plausible because many service users are referred at a low point.
- **Denominator alignment.** The £466 cost is per referred person, while the wellbeing-change estimate is calculated among users with both pre and post scores. If people without follow-up scores had lower or zero improvement, an intention-to-treat estimate would be less favourable than £718.
- **Causal attribution across the pathway.** The £466 unit cost includes both link worker support and funded onward VCSE provision. The wellbeing change reflects the social prescribing pathway as a whole: link worker contact, onward activities, and any concurrent statutory support. We cannot isolate which component drives the wellbeing gain.

References

1. HM Treasury (2021). The Green Book: Supplementary Guidance - Wellbeing. [Source for the WELLBY definition and the £13,000 central WELLBY value in 2019 prices.] [HM Treasury Green Book supplementary wellbeing guidance](#)
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3. National Academy for Social Prescribing (2025). Exploring the financial return on investment of social prescribing in the NHS. [Source for the £418 NHS benefit per patient per year and c.£4 NHS savings for every £1 spent on link worker salaries, based on 19 UK studies and more than 42,000 patients.] [NASP financial return on investment report](#)
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5. Helliwell JF, Layard R, Sachs JD, De Neve J-E, Aknin LB, Wang S (eds) (2025). World Happiness Report 2025, chapter: Giving to others - how to convert your money into greater happiness for others. [Source for the Parkrun £165/WELLBY comparator used in the comparison table.] [World Happiness Report 2025 chapter on giving and cost-effectiveness](#)
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8. Claxton K, Martin S, Soares M, Rice N, Spackman E, Hinde S, et al. (2015). Methods for the estimation of the NICE cost-effectiveness threshold. Health Technology Assessment, 19(14). [Source for the c.£15,000 NHS marginal cost per QALY used in the WELLBY comparator derivation.] [NIHR Journals Library page for HTA 19\(14\)](#)

Social Prescribing Value-for-Money

£718 per WELLBY - 71% below the indicative NHS marginal comparator. Gross benefit-value ratio -18:1 against the Green Book WELLBY value.

Social Prescribing Return on Investment

-£418 NHS benefit per patient per year - £4 return for every £1 on link worker salaries (NASP model, 19 UK studies, n > 42,000).

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