National Academy for Social Prescribing

The Future of Social Prescribing in England

2023

Contents

Foreword

Since the publication of the NHS Long Term plan in 2019, social prescribing has become an increasingly important part of our health system. There are now more than 3,400 Social Prescribing Link Workers in post across England, addressing the social factors related to poor health and wellbeing – including loneliness, isolation, financial issues, and problems with housing or work. So far, almost 2.5 million people have been referred to Link Workers, and the numbers are rising fast.

Social prescribing involves 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. It provides a bridge between the NHS and the voluntary sector, ensuring more people can access non-medical support that benefits their health and wellbeing.

Over the past five years, with the challenges of COVID-19 and pressures on the cost of living, the role of social prescribing has become more important than ever – and the rapidly growing evidence base shows the benefits it can have for individuals, for our health system and for our society as a whole. There is a huge amount to celebrate in what has been achieved, but we need to build on this momentum.

Over the next five years, we believe that priorities should include:

1. **Ensuring that every GP practice in England has a Social Prescribing Link Worker,** by almost doubling the number of link workers to 6,500. This is in line with the NHS Long Term Workforce Plan and would support the health needs of two million people per year, reduce pressure on GPs and tackle health inequalities.

2. **Supporting frontline community organisations through Shared Investment Funds for social prescribing.** Funding for community activities and services accessed through social prescribing can be short-term and fragmented. Shared Investment Funds, open to public, private and philanthropic investment, strategically shaped and locally deployed, would help charities and grassroots organisations deliver more sustainable support, in line with local health needs.

3. **Improving data through a national hub to ensure social prescribing becomes business as usual in the NHS.** The evidence for social prescribing is almost universally positive, but we need better, real time data to help drive continuous, system-wide improvements, and inform the design and commissioning of new social prescribing services. This could mean millions more people benefiting through secondary, specialist and proactive care.

4. **Establishing a world-class training and development programme** for Social Prescribing Link Workers and social prescribing leaders working in the NHS and beyond. The expansion of the workforce requires a comprehensive programme of professional development, skill specialism and clarity on the most impactful approaches.

5. **Making prevention a priority by embedding social prescribing in wider civic and community services – including in workplaces.** New 'upstream' programmes could prevent or delay the need for healthcare by keeping people active, connected and well in their homes, workplaces and communities. This could include a new social prescribing workplace programme.

Charlotte Osborn-Forde,
Chief Executive,
National Academy for Social Prescribing

What is social prescribing?

Social prescribing 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*[1]."

Many things that affect our health and wellbeing cannot be treated by doctors or medication alone – like loneliness, debt or stress due to financial pressures or poor housing. Social prescribing connects people to non-medical support to address these issues and other unmet needs.

The most commonly understood way for people to access social prescribing is through the active support of a Social Prescribing Link Worker. A GP or health professional can refer someone with health and wellbeing needs to a Link Worker.

Link Workers work closely with individuals to understand their needs and provide specialist support to connect them to the activities, advice or information that they require. This could involve:

- Helping someone who is isolated to join a befriending group, an art class or a community gardening project, based on what works for them
- Connecting someone struggling with financial stress to a service that helps them manage debt or claim benefits
- 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.

Social prescribing activities can also be accessed with the active support of other health roles or 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 or volunteers.

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 in the UK will have increased to 3.2 million and is forecast to grow further to 5.1 million (7% of the population) by 2066[2]. 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 2026[3]. Young people (aged 16-34) are five times more likely to experience loneliness than those aged over 65[4]. Social isolation and loneliness can have negative impacts on life expectancy[5] and have been linked to cardiovascular health risks and increased death rates, blood pressure, depression and risk of dementia.

Thirdly, many more people are experiencing deprivation, with just over one in five currently living in poverty[6]. 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 baseline[7]. 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 conditions[8]. The worrying and stress caused by not having enough money, or having debt, can seriously impact mental health [9].

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 one-fifth of General Practitioner (GP) appointment time involves addressing primarily social rather than medical problems[10]. 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. 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.

The 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 wellbeing[11].

Social prescribing seeks to reduce health inequalities. 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 may address both the circumstances that make an individual unhealthy and their symptoms by supporting individuals to address their unmet social needs.

Social prescribing benefits the health system. Social prescribing can lead to reduced health service usage within both primary and secondary care. For example, an evaluation of the social prescribing service in Shropshire showed a 40% reduction in GP appointments for people who had accessed social prescribing after three months[12].

Social prescribing is good for the economy. Evaluations consistently show a favourable social return on investment, with a large study by the University of Sheffield showing a social return of £3.42 for every £1 invested[13].

Social prescribing is good for the environment. By reducing the number of GP appointments and prescriptions, social prescribing can help the NHS to reduce its carbon footprint. It can also promote nature connection, which has been shown to encourage pro-environmental behaviours.

What have we achieved?

Social prescribing has existed in some parts of England for decades but was enshrined as a key component of national health policy in England in 2019, with the publication of the NHS Long Term Plan. The National Academy for Social Prescribing (NASP) was founded in the same year.

Since then, NASP, NHS England and our partners have made huge strides against five strategic ambitions:

1. Connection

We are creating a connected social prescribing system enabling easier access to activities and information.

- The 2019 GP contract enabled Social Prescribing Link Workers to be employed in Primary Care Networks through the Additional Roles Reimbursement Scheme. Since then, more than 3,600 Link Workers have been appointed, receiving over 2.5 million referrals.

- The Network DES contract for 2022 called for all Primary Care Networks to implement "proactive social prescribing", through which Link Workers target people with unmet needs who may not have previously been identified.

- Social Prescribing Clinical Champions, supported by NASP, are working to raise awareness and champion social prescribing in 22 clinical and non-clinical disciplines, and across all seven NHS regions in England, in community, primary, and secondary care.

2. Investment

We have boosted investment in community activities directly supporting people's health and wellbeing.

- NASP delivered the £1.8 million Thriving Communities Fund supporting communities across the country to deliver high impact social prescribing activities, engaging over 10,000 people, reaching groups more likely to experience poor health.

- NASP has been a lead partner in the delivery of the £5.77 million cross-Government Green Social Prescribing programme which successfully tested how to scale up and embed nature-based social prescribing across local health systems.

- The Department for Transport invested £13.9 million over three years in the Active Travel and social prescribing trials, covering 11 Local Authorities, in partnership with NASP and a range of Government Departments and agencies.

- NASP is working with the Utley Foundation and other partners to design and deliver a new Power of Music Fund, which aims to provide a single funding stream for the provision of music and dementia social prescribing. As part of this work NASP this year supported the distribution of £100,000 worth of small grants to 100 dementia choirs and singing groups.

3. Evidence

We have collated the best evidence shaping social prescribing policy, practice, and research.

- Around 300 academics and experts are now sharing research and data on social prescribing from around the world as part of NASP's International Evidence Collaborative.

- Policy and practice in the UK can now be informed by robust evidence, with 15 evidence reviews produced by NASP now available including: older people; arts and culture; physical activity; financial, social and legal social prescribing; nature; and economic impacts. These reviews have helped to underpin policy and inform Government plans, including the Major Conditions Strategic Framework.

4. Partnership and innovation

NASP has convened strategic partnerships across a range of sectors - at a local, national and international level – in order drive innovative ideas and approaches.

- Through partnerships with NASP, social prescribing now plays a key role in the strategies and plans of many national organisations - including NHS England, NAVCA, Sport England, Historic England, Natural England, Independent Age, Arts Council England, the National Centre for Creative Health and the Money and Pensions Service. It is also one of the priority areas in the Department of Health and Social Care's Accelerating Reform Fund, which provides £42.6 million to support innovation in adult social care.

- 130 national organisations worked in partnership with NASP to develop innovations in social prescribing – in particular in the areas of volunteering, housing and workplaces, ensuring more people are able to benefit from high quality social prescribing approaches.

- More than 30 countries across the world have begun to develop their own social prescribing initiatives, learning from and influencing the development of social prescribing in England.

5. Profile

More people than ever understand and value social prescribing, as NASP and other organisations have raised the profile of how social prescribing changes lives and strengthens communities.

- NASP launched its Social Prescribing & Me campaign in 2023, which reached more than 900,000 people, and has made 10 films about social prescribing, including about Green Social Prescribing, music and dementia and the role of Social Prescribing Link Workers. NHS England has recently launched a campaign to promote the new Primary Care roles, including link workers.

- Surveys show that social prescribing is increasingly understood by the public, with 19% of people in England recognising the term "social prescribing"[14] and 61% of people in the UK aware that medical professionals can refer people to non-medical support for their mental health[15]. Social prescribing is now strongly supported in the health sector and the voluntary sector as well: a survey by the Department of Health and Social Care suggested 97% of clinicians feel "favourable" towards social prescribing[16].

Social prescribing has also been incorporated in policy across Government, including in the Loneliness Strategy, the Suicide Prevention Strategy and the Major Conditions strategic framework. The NHS Long Term Workforce Plan includes a target to recruit 9,000 Link Workers by 2036/7, and social prescribing was also highlighted as a solution in the National Overprescribing Review and the Delivery Plan for Recovering Access Primary Care.

Challenges over the next five years

In England, social prescribing has generated tremendous enthusiasm and energy. Stories from people who have been helped are compelling, and the evidence on impact is encouraging and has grown rapidly. There is also widespread support from NHS front-line staff and clinicians, national leaders and policy-makers; local government and communities; the voluntary sector, charities and social enterprises; and organisations working right across the arts, sport and leisure, and the natural environment.

However, social prescribing requires connecting two large and complex systems which currently work mostly in isolation from each other. Last year £180 billion was invested in the NHS, and £23 billion[17] invested in charities by the public and organisations. Much of this investment is ultimately aimed at the same thing; the improved health and wellbeing of people, especially those who are struggling.

One solution is to better integrate the resources and expertise of these sectors (the medical and the community), to provide more holistic care which addresses the causes of ill health and helps people stay active and connected. People should be offered support to access community services alongside their medical care, especially people experiencing barriers such as digital exclusion, poverty, disability, low confidence, or the means to access these services themselves.

If closer working between the health system and local communities reduced demand on GP practices, this would result in fewer appointments each year and annual savings which could be used by the NHS to fund new technologies and medical innovations.

This is exactly the moment for us to unlock these benefits, given the combination of the momentum of social prescribing in the last four years, and the wider challenges we face as a country.

Future opportunities for social prescribing

In order to build on the progress that has already been made, we believe the next steps for social prescribing should include:

1. **Ensuring that every GP practice in England has a Social Prescribing Link Worker within five years,** by almost doubling the number of link workers to 6,500. This is in line with the NHS Long Term Workforce Plan and would support the health needs of two million people per year, reduce pressure on GPs and tackle health inequalities.

2. **Supporting frontline community organisations through Shared Investment Funds for social prescribing.** Funding for community activities and services accessed through social prescribing can be short-term and fragmented. Shared Investment Funds, open to public, private and philanthropic investment, strategically shaped and locally deployed, would help charities and grassroots organisations deliver more sustainable support, in line with local health needs.

3. **Improving data through a national hub to ensure social prescribing becomes business as usual in the NHS.** The evidence for social prescribing is almost universally positive, but we need better, real time data to help drive continuous, system-wide improvements, and inform the design and commissioning of new social prescribing services. This could mean millions more people benefiting through secondary, specialist and proactive care.

4. **Establishing a world-class training and development programme** for Social Prescribing Link Workers and social prescribing leaders working in the NHS and beyond. The expansion of the workforce requires a comprehensive programme of professional development, skill specialism and clarity on the most impactful approaches.

5. **Making prevention a priority by embedding social prescribing in wider civic and community services – including in workplaces.** New 'upstream' programmes could prevent or delay the need for healthcare by keeping people active, connected and well in their homes, workplaces and communities. This could include a new social prescribing workplace programme.

In summary, these five proposals are interlinked. The expansion of NHS funded link workers enables scale, but that only works if community activities are also available. To maximise the value from that scale, local social prescribing systems need to capture both insights from data as well as direct personal experience. Social prescribing leaders in the NHS and in the community need better access to information on the impact of social prescribing activities on health outcomes to inform service improvements, learning from what's working best. The last proposal is about innovation in social prescribing pathways - realising the untapped potential of community referrals.

1. Ensuring that every GP practice in England has a Social Prescribing Link Worker within five years, by almost doubling the number of link workers

By far the most important way of increasing the impact of social prescribing is to increase its scale.

The NHS Long Term Workforce Plan sets out the potential, based on current projections, for a 300% expansion in numbers of social prescribing link workers: "increase from over 3,000 current posts (September 2022) to 9,000 by 2036/37".

The question is whether and when this expansion is implemented. To mitigate the risk of backloading, and consistent with a trajectory from the 3,400 in 2023 to the NHS England-quoted figure of 9,000 in 2036, we would suggest a national commitment to achieving 6,500 NHS-funded link workers by 2029.

This coverage could ensure that every GP practice has a link worker and support the health needs of almost two million people per year (based on case load of 300 people per link worker).

How will this be funded? The initial expansion to 3,000 was achieved entirely by means of the Additional Roles Reimbursement Scheme for Primary Care Networks in the 2019/20-2023/24 GP contract reforms.

The NHS Long Term Workforce Plan stated: "*In general practice, we will seek to extend the success of the Additional Roles Reimbursement Scheme (ARRS), which has delivered an additional 29,000 multi-professional roles in primary care. This would build extra capacity and free up available appointments by increasing the number of non-GP direct patient care staff by around 15,000 and primary care nurses by more than 5,000 by 2036/37.*"

We welcome this commitment to recruit 20,000 additional primary care staff by 2036. The scale of the workforce challenges means we cannot afford for this to be backloaded. And unlike the supply of doctors, there is not the same constraint of a very long training period to take into account. We would therefore welcome plans to achieve 6,500 Social Prescribing Link Workers by 2029, alongside resources for management, training and engagement with the voluntary sector.

2. Supporting frontline community organisations through Shared Investment Funds for social prescribing.

The national expansion of the link worker programme has not yet been accompanied by a plan to expand local social prescribing activities for the two million referrals. Many social prescribing activities are now running at maximum capacity, with limited scope for further expansion without modest additional investment.

Many voluntary sector organisations have also experienced major funding difficulties in recent years, given real-term cuts to Local Authority budgets, the COVID pandemic, and the cost-of-living crisis. This means that that funding for community activities and services accessed through social prescribing can be short-term, fragmented and practically inaccessible.

The good news is that NASP is aware of interest from employers, individual philanthropists and national organisations to offer investment to support social prescribing activities, and we are already working together to scope options. We also know that the 42 Integrated Care Systems across England are keen to try out innovative ways of making progress.

Shared Investment Funds, open to public, private and philanthropic investment, would help frontline organisations deliver more sustainable support, in line with local health needs. These funds would build on the success of NASP's Thriving Communities Fund and the Power of Music Fund, both of which have brought together investment from a range of sources to support social prescribing activities.

These funds would be used purely for social prescribing activities to which people have been referred, rather than substitute for NHS funding of the link workers. They would provide initial certainty of investment, in order to generate additional contributions and bigger impact for all concerned.

The funds would be closely aligned with local health priorities, ensuring that funding was channelled towards relevant activities and support. However, they would also require strategic oversight at national level, to ensure consistency and enable and facilitate investment from national bodies alongside local investment.

NASP is currently scoping the potential design and delivery of Shared Investment Funds, in partnership with the National Lottery Communities Fund, and in consultation with NHS Integrated Care Boards, Local Authorities, voluntary sector organisations and others.

3. Improving data through a national hub to ensure social prescribing becomes business as usual in the NHS.

The evidence for social prescribing is almost universally positive but incomplete. NASP and its academic partners have produced a series of evidence reviews bringing together current research. These show that social prescribing can have a positive impact on a wide range of outcomes, that it can take pressure off NHS services and that it can have economic benefits for society.

However, the existing evidence base mainly comprises local evaluation studies, variable in method and evidential strength, that are not aggregable. For social prescribing to become business as usual across the NHS, including in secondary, specialist and proactive care, it needs to be evidence-led, both in the design and delivery of services.

Social prescribers and social prescribing activities have direct daily experience of the impact of their work. They can see it working. But they cannot see ongoing quantified data on what they are doing or what outcomes they are achieving, compared with other relevant practitioners and organisations.

Solving this problem is not about academic evaluation, but consistently providing three facets of data and analysis, in as near real-time as possible:

- Firstly, self-reported experience and impact of social prescribing by service users. We already have simple versions of this in use in many services, but we need to move to consistent local data capture for nationwide aggregation, including measures of health and wellbeing. The Social Prescribing Information Standard is an agreed mechanism for data collection, but there is limited guidance and support for implementation and no mechanism or requirement to collate and analyse the data.

- Secondly, analysis of patterns of who is being referred and who is accessing services, to understand gaps and opportunities for example within individual practices. This is essential to drive up equitable access in line with NHS England's CORE20Plus5 principles.

- Thirdly, analysis of subsequent healthcare utilisation: attendances in general practice, A&E, and 111 calls; A&E admissions; elective care; and prescribing.

We therefore envisage a clear need for a small dedicated national social prescribing data and analysis service.

A further specific way we might improve the evidence base is to scope out the potential for a new large-scale programme focused on tackling over-prescribing of medications, as set out in the July 2023 NHS England guidance on medicines optimisation, aided by social prescribing where relevant. As well as Social Prescribing Link Workers, Primary Care Networks have added around 5,000 pharmacists to their workforce, and their role includes undertaking Structured Medication Reviews. Given this progress, we suggest it may be feasible to explore a research trial for a large-scale national programme of switching to social prescribing wherever relevant, and evaluate against control groups.

4. Establishing a world-class training and development programme for Social Prescribing Link Workers, health professionals and social prescribing leaders working in the NHS and beyond.

Scaling up social prescribing through our first and second proposals is the biggest way of driving impact. A new data and analysis service would provide insight on what is happening and opportunities to improve value. However, that is a necessary but insufficient step to unlocking improvement.

The social prescribing system is new. Primary Care Networks are new. Many Social Prescribing Link Workers are newly employed, and many services newly established. Healthcare colleagues commissioning, managing and using the services may currently have limited knowledge and experience of social prescribing. And social prescribing activities are newly receiving extra referrals.

Inevitably, this means there will be considerable variation in maturity and performance. To support the expansion and retention of link workers, we need a comprehensive programme of professional development.

We believe that a three-year development programme to identify best practice and support peer-to-peer learning would yield disproportionate value – more expert staff, more equitable access, better quality referrals and higher productivity, lower drop-out rates, better outcomes. It would be valued by link workers and people running services.

5. Prioritise prevention by embedding social prescribing in wider civic and community services – including in workplaces.

Social prescribing aims to keep people active, connected and well in their community, preventing or delaying the need for healthcare by offering proactive support to vulnerable patients, including those with long-term physical or mental health needs, who are at high risk of hospital admission or re-admission.
Embedding social prescribing into wider community and civic services could support the NHS to move 'upstream' to deliver proactive health care.

Social prescribing sprung from general practice. It gave birth to the NHS link worker model. Its expansion through the recruitment of link workers, alongside investment, training and improved data are critical to achieving benefits.

However, NASP's Thriving Communities programme also points to a model where people at greatest risk of poor health and wellbeing, who could benefit from social prescribing, access services through additional referral routes.

We are seeing rapidly growing interest in social prescribing across a number of key sectors, including physical activity, nature, arts and heritage, financial advice, social housing, education and from employers wanting to engage in social prescribing. This groundswell of interest is creating increased opportunities to work with a range of partners from both the public and private sectors in innovative ways.

Given the tightness of the current labour market, and commitment to corporate social responsibility, there is an obvious and major opportunity for employers to incorporate social prescribing as part of their employee offer. The number of working-age adults who are out of the labour market because of long-term sickness has increased to around 2.5 million[18]. Establishing a programme that operates through workplaces could help tackle ill health among working-age people. This could include both referring people and unlocking opportunities for volunteering.

Through these new pathways, we can realise the untapped potential of communities and develop a social prescribing system with prevention at its heart.

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National Academy for Social Prescribing

Get in touch

The National Academy for Social Prescribing
Southbank Centre
Belvedere Road
London SE1 8XX

socialprescribingacademy.org.uk
NASPTweets
NASP_insta
National-Academy-for-Social-Prescribing

Charity number: 1191145
Company number: 12275770