



Q1. What does your organisation want to see included in the 10-Year Health Plan and why?

The government has promised to put in place a 10-Year Health Plan to fix the NHS in England. We want to hear what your priorities are for this plan as interested organisations. Tell us what your organisation wants to see in the 10 Year Health Plan, and why this is important.

1.1 The National Academy for Social Prescribing

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

1.2 Social prescribing

“Social prescribing” involves connecting people to non-medical activities, groups and services that can benefit their health and wellbeing. It involves addressing social determinants of health, including loneliness, isolation and problems related to money, housing or employment.

Social prescribing was enshrined in English national health policy as part of the 2019 NHS Long Term Plan, with national funding through the GP contract. There are now more than 3,500 Social Prescribing Link Workers employed as part of primary care teams, who have received more than 2.6 million referrals since 2019. 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 helping them find non-clinical support in their communities. This support could range from advice and information to helping people join groups that combat loneliness or promote physical activity.

1.3 Evidence for social prescribing

There is strong evidence that social prescribing is an effective approach:

- **It improves patient outcomes** There is a wide range of evidence for the benefits of social prescribing for individual patients. It can improve mental health and wellbeing, reduce loneliness, and lead to positive outcomes related to a wide range of physical health conditions. <https://socialprescribingacademy.org.uk/read-the-evidence/>

More generally, there is a very large body of evidence for the types of activities social prescribing can connect people to, including those related to creative health

(<https://www.who.int/europe/publications/i/item/9789289054553>) and physical activity (<https://www.sportengland.org/news/physical-activity-benefits-outweigh-risks-people-long-term-health-conditions#:~:text=The%20findings%20will%20offer%20guidance%20for%20healthcare%20professionals,to%20take%20part%20in%20sport%20and%20physical%20activity.>)

The independent evaluation of the ongoing cross-government Green Social Prescribing programme showed statistically significant improvements in participants' wellbeing and mental health, in a way that was cost-effective compared to CBT or other mental health interventions available through the NHS. (<https://socialprescribingacademy.org.uk/resources/green-social-prescribing-improves-your-mental-health/>)

- **It reduces pressure on the health system** A recent report by NASP looked at system data from nine areas. It showed that social prescribing can lead to substantial reductions in GP appointments, hospital admissions and A&E attendances. (<https://socialprescribingacademy.org.uk/resources/social-prescribing-and-long-term-conditions-what-does-the-evidence-tell-us/>)

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 Kent, A&E attendances reduced by up to 23% among patients referred to social prescribing. In Newcastle, secondary care costs were 27% lower among patients referred to social prescribing compared to a matched control group.

- **It has wider social and economic benefits** A 2023 NASP rapid evidence review on the economic impact of social prescribing identified evidence that social prescribing can save money and have a positive social impact, with a social and economic value of between £2.14 and £8.56 for every £1 invested. <https://socialprescribingacademy.org.uk/read-the-evidence/building-the-economic-case-for-social-prescribing/>

The evaluation of the cross-government Green Social Prescribing programme, which reported an estimated social return on investment of £2.42 per £1 invested by central Government

A recent Canadian study estimated that the Social Return on Investment for a nationwide implementation of social prescribing in Canada would be \$4.43 (range of \$2.97 to \$5.89) for every dollar invested. (<https://www.socialprescribing.ca/a-healthier-canada>)

- **It helps tackle health inequalities.** Analysis of data from a major social prescribing software provider looked at who is referred to social prescribing (n=160,168). It found that, in England, people referred to social prescribing were more likely to live in deprived areas. (<https://sbbresearch.org/pioneering-insights-into-social-prescribing-pathways/>). Separate analysis from the Race Equality Foundation and the Social Prescribing Observatory showed higher proportions of social prescribing referrals for people from Black, Asian and minoritised ethnic communities compared to their population size

[\(https://socialprescribingacademy.org.uk/resources/is-social-prescribing-reaching-black-asian-and-minoritised-ethnic-communities/\)](https://socialprescribingacademy.org.uk/resources/is-social-prescribing-reaching-black-asian-and-minoritised-ethnic-communities/)

- **It is 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. (<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>)
- **It is being replicated worldwide** Social prescribing is an NHS success story, which is now being replicated in 30 other countries.

1.4 Key recommendations

In order to build on what has been achieved, the 10-year health plan should:

1. Expand social prescribing beyond primary care to all NHS care pathways and age groups

Building on the success of the Link Worker roll-out in primary care, social prescribing should be rolled out to all settings, including in secondary and specialist care; for all age groups including children and young people; and across all condition and care pathways. This will require national recognition, guidance, support with implementation and new funding mechanisms.

2. Maximise the impact of a 'neighbourhood health service' by harnessing social prescribing to fully integrate community organisations with the NHS

Social prescribing and neighbourhood health should be at the centre of primary care service provision, building on the successful Link Worker model, with ringfenced funding and clear outcome measures. More NHS services should be co-located and integrated with voluntary, community and faith organisations.

3. Provide high quality training in social prescribing for the NHS workforce

Training and support for Link Workers should be improved, to maximise the impact of this workforce. There should also be wider training and development on social prescribing for other health and care staff, to enable them to take a social prescribing approach in their care. This training should involve a focus on engaging with preventative interventions, including physical activity, nature, arts and heritage and volunteering initiatives.

4. Increase investment in research and data on community-based prevention - especially social prescribing

Only £1 in every £40 of health research funding is spent on primary prevention, and a smaller proportion of this on community-based preventative approaches. (<https://www.health.org.uk/news-and-comment/blogs/how-can-we-lead-longer-healthier-lives-primary-prevention-research-matters#:~:text=Of%20every%20%C2%A340%20we%20spend%20on%20health-relevant%20research,on%20which%20to%20base%2C%20or%20assess%2C%20preventive%20action.>) Increased investment in data technologies would improve the assessment of local health needs and health improvements, target support to

reduce health inequalities, increase proactive health care, and drive innovation, investment and performance.

5. Increase the long-term investment into the voluntary sector to create thriving, connected, and resilient communities

To support the shift from hospital to community, Integrated Care Boards should support the establishment of social prescribing shared investment funds, to build greater community capacity to meet the rapidly growing demand for social prescribing activities, resources and advice.

There is more information about these proposals in the following sections.

Q2. What does your organisation see as the biggest challenges and enablers to move more care from hospitals to communities?

This means delivering more tests, scans, treatments and therapies nearer to where people live. This could help people lead healthier and more independent lives, reducing the likelihood of serious illness and long hospital stays. This would allow hospitals to focus on the most serious illnesses and emergencies. More health services would be provided at places like GP clinics, pharmacies, local health centres, and in people's homes. This may involve adapting or extending clinics, surgeries and other facilities in our neighbourhoods, so that they can provide things that are mostly delivered in hospitals at the moment. Examples might include: urgent treatment for minor emergencies; diagnostic scans and tests; ongoing treatments and therapies.

2.1 Connecting the NHS with the voluntary, community and faith sectors

A vast range of community projects are supporting people's health and wellbeing across our society, through arts, creativity, heritage, physical activity, nature and welfare and financial advice and information. However, these projects are often not well connected to the health and care system.

For example, many community football trusts run free groups and activities that support people with a range of health problems - but they do not routinely receive referrals from local GP services, or refer patients back into them.

Through social prescribing, the NHS could do much more to harness the opportunities presented through the voluntary, community and faith sectors, and ensure that the people who need support most are identified and referred to relevant community-based groups and activities.

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 reviews when needed.

The NHS guidance for social prescribing already recognises it as the key mechanism to reach into community organisations and support community development. A core element of the role of an NHS Link Worker is '*Support accessible and sustainable community offers by working with VCSE organisations, local authorities and others to identify gaps in provision and deliver activities and groups to meet population needs*'. (<https://www.england.nhs.uk/personalisedcare/social-prescribing/>)

Building on and expanding this existing model will enable the NHS to achieve its vision for neighbourhood health with seamless pathways for patients and strong cross-sector relationships with community leaders and local voluntary organisations.

2.2 Co-locating and integrating NHS services in communities

There is an opportunity to **co-locate and integrate** more NHS services with voluntary, community and faith organisations. Many of these organisations have buildings, community centres and facilities which could be used for care and clinical services. They may also offer networks of volunteers and peer groups keen to support people with health needs.

One example demonstrating the value of co-location and joint delivery is the Leg Club. This is an innovative approach to management of venous leg ulcers led by a charity; specialist nurses from the local NHS community trust provide ulcer care and wound dressing at a community setting, offering a drop-in coffee morning for people with leg ulcers. The session is facilitated by volunteers and the focus is on social connection and peer support alongside clinical care.

Significant clinical time is saved and patients are encouraged by volunteers to keep mobile and active, eat well and feel less lonely, all contributing to their recovery. Such models could be adopted for a wide range of conditions, but are reliant on a culture shift within NHS policy, commissioning and investment to value and engage with the voluntary, community and faith sector. (<https://www.legclub.org/what-happens>)

2.3 Expanding social prescribing across condition and care pathways

Building on the success of the Link Worker roll-out in primary care, social prescribing should be rolled out to all settings, including in secondary and specialist care; for all age groups including children and young people; and across all condition and care pathways.

It should be normal for all clinical care pathways to offer an opportunity for patients to speak with a Social Prescribing Link Worker (or role providing similar function) to understand what matters to them, set goals for their own health, and help them connect to services to be active, creative, social and financially stable.

This would help to address health inequalities, enable people to manage health conditions more effectively in their community, and prevent unnecessary hospital admissions.

There are a number of examples of innovative social prescribing Link Worker projects supporting people living with long-term conditions within their community. For example:

- The [Ways to Wellness Programme for Long Term Conditions](#) in Newcastle has supported thousands of people with a range of conditions through social prescribing since 2015. Their analysis suggests that 86% of their clients improved their

wellbeing after engaging with the programme, and secondary care costs per patient were estimated to be 27% lower than a comparison cohort. (<https://www.waystowellness.org.uk/long-term-health-conditions>)

- Through the well-established [Arts on Prescription programme](https://www.creategloucestershire.co.uk/arts-on-prescription-in-gloucestershire) in Gloucestershire, a consortium of organisations deliver NHS-commissioned creative health programmes for people living with a range of conditions - including Type 1 diabetes, epilepsy, COPD, cancer and chronic pain. (<https://www.creategloucestershire.co.uk/arts-on-prescription-in-gloucestershire>) The programme supports recovery and self-management, including for people being discharged from inpatient care (<https://artlift.org/artlift-programmes/icu-leavers/>). Evidence shows improvements in wellbeing and reductions in anxiety and depression (<https://www.sciencedirect.com/science/article/abs/pii/S0033350620305291>). A creative programme for people with chronic pain in Gloucestershire has shown an average 16% increase in ability to self-manage pain, and 37% of participants reported a decrease in GP attendance.
- In some areas, condition-specific Link Workers support particular cohorts of patients. The [Macmillan Community Cancer Link Worker Service](https://socialprescribingacademy.org.uk/resources/the-macmillan-community-cancer-link-worker-service/) demonstrates excellent outcomes and a 17% reduction in non-medical GP appointments among people who were referred. (<https://socialprescribingacademy.org.uk/resources/the-macmillan-community-cancer-link-worker-service/>)

2.4 Embedding social prescribing within hospitals

Hospitals can manage demand through implementing a comprehensive social prescribing programme focused on avoiding admissions and supporting discharge. There are examples of this happening in practice nationally and internationally:

- St Bartholomew's Hospital cardiac department has implemented social prescribing as an integrated part of the care pathway, with universal screening for patient social need on admission and support from a Link Worker to connect to local resources. Early findings show this is improving patient health and reducing readmissions. The hospital's medical director said that "I would consider social prescribing to be one of the priority innovations that any hospital leader or executive should be considering, especially with the evidence we know about the significance of social deprivation to clinical outcomes and success of treatments." (<https://socialprescribingacademy.org.uk/resources/social-prescribing-a-priority-innovation-for-hospitals-an-unconventional-approach-to-supporting-patients-after-a-heart-attack/>)
- Social prescribing has been implemented in all community hospitals in Singapore, inspired by the English model, with routine universal screening in the emergency department and for all planned admissions. The screening identifies patients at risk of future unplanned admissions through assessment of the social determinants of health, and patients assessed as 'at risk' are offered the support of a Link Worker to coach and connect them to community support. ([https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(24\)00153-6/fulltext#:~:text=In%202019%2C%20SingHealth%20Community%20Hospitals%20%2](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(24)00153-6/fulltext#:~:text=In%202019%2C%20SingHealth%20Community%20Hospitals%20%2))

[8SCH%29%20introduced%20Social,%28WBCs%29%20to%20connect%20patients%20with%20relevant%20community%20\)](#)

These types of projects have so far not been recognised nationally and there is no guidance and commissioning support for NHS systems and trusts to implement effectively, or central planning guidance. The St Bartholomew's initiative is entirely reliant on local leadership from an innovative surgeon and funded through philanthropic funding.

There is also an opportunity to embed social prescribing as part of the requirement and specification for Virtual Wards, ensuring patients supported by hospitals at home have access to a link worker who can visit them at home and connect them to local services and support.

Q3. What does your organisation see as the biggest challenges and enablers to making better use of technology in health and care?

Improving how we use technology across health and care could have a big impact on our health and care services in the future. Examples might include better computer systems so patients only have to tell their story once; video appointments; AI scanners that can identify disease more quickly and accurately; and more advanced robotics enabling ever more effective surgery.

3.1 Increase investment in research and data on community-based prevention - especially social prescribing

Only £1 in every £40 of health research funding is spent on primary prevention, and a smaller proportion of this on community-based preventative approaches. Increased investment in evidence and data technologies would improve the assessment of local health needs and health improvements, target support to reduce health inequalities, increase proactive health care, and drive innovation, investment and performance.

3.2 Intelligent use of data for proactive social prescribing

Through good use of data and population health management, patients who would particularly benefit from social prescribing can be identified and supported.

For example, Bromley-by-Bow Health has modified its Long Term Condition Care Plan and included several questions that ask patients with long term conditions about key wider determinants of health (money, debt, housing, loneliness, skills and employment etc) with. The responses to the questions are entered into the patients' medical records and updated periodically.

Bromley by Bow Health's four GP practices have 50,000 registered patients, of whom around 9,000 have a long term health condition. In the last 12 months they have asked the wider determinants screening questions of 5,000 of them. This has led to a 15% take up of

the offer of proactive, data-informed, preventative social prescribing. This approach has now also been adopted across Tower Hamlets and some other North East London Boroughs.

However, there are often barriers to using data effectively. There needs to be better digital infrastructure, including joined-up data systems in order to track the impact of social prescribing at system and national level. A national dashboard and developing the Social Prescribing Information Standard should be prioritised. Capturing data at a national level can help to identify local examples of practice to inform policy, drive service improvements and grow existing investment from other sectors.

Q4. What does your organisation see as the biggest challenges and enablers to spotting illnesses earlier and tackling the causes of ill health?

Spotting illness earlier and tackling the causes of ill health could help people stay healthy and independent for longer, and take pressure off health and care services.

4.1 Tackling the causes of ill health

As outlined above, social prescribing is a means of tackling non-medical factors associated with poor health and wellbeing. It is a way of supporting people with social factors - including loneliness, isolation and problems with debt or housing - by connecting them to non-medical groups and services that can address these issues. There is strong evidence that this approach improves patient outcomes and takes pressure off NHS services.

More widely, voluntary, community **and faith** organisations play a crucial role in prevention, helping people to stay healthy for longer without need for medical support.

4.2 Community programmes that help people stay well

Social prescribing builds on the strong evidence for non-clinical interventions across many conditions. For example:

- There is a range of [evidence for the role of music](#) and arts more generally in supporting people living with dementia. Studies suggest that music-based support can reduce agitation and the need for medication, and potentially save costs for the NHS. ([Power-of-Music-Report-Final-Pages.pdf](#)) In order to build on this, the National Academy for Social Prescribing has worked with partners to establish a [Centre of Excellence for Music and Dementia](#) in Manchester (<https://socialprescribingacademy.org.uk/the-power-of-music/the-power-of-music-fund/centre-of-excellence-for-training-in-music-and-dementia/>). Through the centre, the University of Manchester and NHS Manchester will analyse anonymised data to explore the impact of music sessions on people living with dementia.

- Singing for Lung Health and Long Covid Singing programmes have shown improved respiratory symptoms and quality of life for people with COPD. A randomised control trial of English National Opera and Imperial College Healthcare’s breathing and wellbeing programme, referred to by long-covid clinics across the county, showed that it improved quality of life and elements of breathlessness for patients. (<https://www.eno.org/news/eno-breathe-announces-results-of-randomised-controlled-trial/>)
- The Green Social Prescribing programme connects people with mild-moderate mental health problems to nature-based activities - including gardening, walking groups, outdoor therapy and conservation projects. These interventions led to statistically significant improvements in mental health. (<https://socialprescribingacademy.org.uk/resources/green-social-prescribing-improves-your-mental-health/>)

NASP has published evidence reviews about social prescribing and arts, culture and heritage, physical activity, nature and advice and information (<https://socialprescribingacademy.org.uk/read-the-evidence/>) and collated evidence for the use of social prescribing for long-term conditions (<https://socialprescribingacademy.org.uk/resources/social-prescribing-and-long-term-conditions-what-does-the-evidence-tell-us/>)

These programmes can play a crucial role in helping people to stay well for longer - but they require sustainable investment and stronger connections to NHS services.

4.3 Investment and funding for voluntary and community organisations

Voluntary sector organisations that provide preventative support for health and wellbeing often experience severe challenges with funding and sustainability. Current funding is fragmented, short term, not focused on outcomes, and encourages competition rather than collaboration (<https://socialprescribingacademy.org.uk/resources/social-prescribing-the-voluntary-sector-and-shared-investment/#:~:text=Bringing%20together%20investment%20from%20a%20wide%20range%20of,enabling%20them%20to%20support%20those%20most%20in%20n>). It rarely encourages integration with the health service and is not driven by population health needs or addressing local health inequalities. As a result, the VCFSE sector has been limited in what can be offered to support patients.

Integrated Care Boards should therefore support the establishment of social prescribing shared investment funds, to build greater community capacity to meet the rapidly growing demand for social prescribing activities, resources and advice. These funds could include contributions from national or local Government, Lotteries, philanthropists and business, as well as NHS, and would be aligned to local health needs.

4.4 NHS contractual and commissioning mechanisms

Currently the only national NHS funding for social prescribing is via the ARRS scheme in primary care, addressing only a small proportion of the overall demand and meaning secondary, specialist and community care pathways have no mechanism to address the social determinants of health beyond referral back to primary care. (<https://www.england.nhs.uk/long-read/additional-roles-a-quick-reference-summary/>)

A new national mechanism is needed to channel NHS investment ringfenced for social prescribing link workers in secondary and specialist care, alongside NHS guidance and support, to replicate the introduction of social prescribing in primary care in all parts of the NHS.

4.5 Increasing understanding of social prescribing beyond link workers

There is still a lack of knowledge and understanding of social prescribing within the wider NHS: the concept, evidence, tools, best practice, delivery and outcomes, meaning it has not been adopted widely.

Specific training and development could be created for commissioners, clinical leaders, link workers, other patient facing roles. This would help to ensure that all NHS staff:

- understand the importance of helping patients be physically active, creative, social and financially stable
- can articulate the approach to patients, especially to share evidence that is related to their clinical discipline or health conditions (eg the impact music for dementia, dancing for Parkinson's etc)
- can connect patients to appropriate support; either direct to community services or to a link worker if more complex.

4.6 Focusing on children and young people's mental health

With increasing numbers of children and young people experiencing poor mental health and being referred to NHS mental health services, there is a need to focus on prevention and early intervention.

Social prescribing can play a key role in this. This means taking a personalised approach to young people's mental health, identifying social factors, and connecting young people to activities, groups and services that help them to be active and give them a sense of belonging and purpose.

There is already promising evidence about the role of social prescribing in supporting children and young people's mental health - but the roll-out of services is inconsistent. The model and specification for NHS Children and Adolescent Mental Health Services should be re-designed, with a greater role for social prescribing, community support and social action, with parity of esteem and investment with clinical approaches.

In the new NHS England operating guidance for neighbourhood working, there could be a requirement that all GP practices must offer a social prescribing service for children and young people, provided by a trained link worker, and funded through the GP contract. This role could be part of a multi-disciplinary team offering support to young people with mild-moderate or emerging mental health concerns.

Alongside this, there should be training and support to ensure that other mental health initiatives are equipped to take a "social prescribing approach" - i.e. to offer young people or families a personalised approach and connect them to services, activities and groups in the community based on their personal circumstances and preferences. This should be a requirement for Young Futures Hubs, Family Hubs, Mental Health Support Teams in schools and other similar initiatives.

Q5. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what timeframe you would expect to see this delivered in.

We're inviting everyone to share their ideas on what needs to change across the health and care system. These could be: Ideas about how the NHS could change to deliver high quality care more effectively; Ideas about how other parts of the health and care system and other organisations in society could change to promote better health and/or improve the way health and care services work together; Ideas about how individuals and communities could do things differently in the future to improve people's health.

5.1 Key recommendations

Our key recommendations are:

1. Expand social prescribing beyond primary care to all NHS care pathways and age groups

Building on the success of the Link Worker roll-out in primary care, social prescribing should be rolled out to all settings, including in secondary and specialist care; for all age groups including children and young people; and across all condition and care pathways. This will require national recognition, guidance, support with implementation and new funding mechanisms.

2. Maximise the impact of a 'neighbourhood health service' by harnessing social prescribing to fully integrate community organisations with the NHS

Social prescribing and neighbourhood health should be at the centre of primary care service provision, building on the successful Link Worker model, with ringfenced funding and clear outcome measures. More NHS services should be co-located and integrated with voluntary, community and faith organisations.

3. Provide high quality training in social prescribing for the NHS workforce

Training and support for Link Workers should be improved, to maximise the impact of this workforce. There should also be wider training and development on social prescribing for other health and care staff, to enable them to take a social prescribing approach in their care. This training should involve a focus on engaging with preventative interventions, including physical activity, nature, arts and heritage and volunteering initiatives.

4. Increase investment in research and data on community-based prevention - especially social prescribing

Only £1 in every £40 of health research funding is spent on primary prevention, and a smaller proportion of this on community-based preventative approaches. Increased investment in data technologies would improve the assessment of local health needs and health improvements, target support to reduce health inequalities, increase proactive health care, and drive innovation, investment and performance.

5. Increase the long-term investment into the voluntary sector to create thriving, connected, and resilient communities

To support the shift from hospital to community, Integrated Care Boards should support the establishment of social prescribing shared investment funds, to build greater community capacity to meet the rapidly growing demand for social prescribing activities, resources and advice.

5.2 Immediate priorities

In order to achieve the ambitions above, immediate priorities include:

Expanding the social prescribing workforce. The 2023 NHS Workforce Plan included the ambition to almost triple the number of Link Workers to 9,000 by 2036-7. This could mean more Link Workers in primary care, as a key part of neighbourhood health teams; but also more specialist Link Workers (e.g. focusing on a particular age-group or condition).

Any expansion of the workforce will require ringfenced funding for these roles. This could be facilitated through redesigning the GP contract to place social prescribing and neighbourhood health at the centre of core primary care service provision, with ringfenced funding and outcome measures, enabling GP practices to achieve the strategic and operational shift needed to establish new models of care. This could be an additional contract if appropriate (such as a specific new PCN DES).

Improving training in social prescribing. At the moment, Link Workers receive digital training, and supervision and support can be inconsistent. There needs to be improved training and support for Link Workers, with the long-term aim of making this an accredited profession.

Building awareness of social prescribing for the wider NHS workforce The NHS doctors of the future have championed social prescribing; it is now included in the curriculum of all 83 medical school in England without any national leadership or directive, as a direct result of student enthusiasm and commitment¹. ([nasp-student-champions-report-d4-spreads.pdf](#)). However, as a 'ground up' approach, there is little consistency and no agreed standards, and very limited training and development available to qualified clinicians to empower them to utilise a social prescribing approach as part of their routine care. There should be national standards for social prescribing in the medical curriculum and a large scale development programme to upskill and empower existing clinicians and care staff.

Supporting the implementation of Social Prescribing Funds. Work with the National Academy for Social Prescribing and public bodies (including Arts Council England, Sport England, National Lottery) to reform existing funding mechanisms to drive collaboration, shared outcomes and a focus on addressing health inequality through supporting community and neighbourhood groups. Establish pilot funds across several ICBs.

Co-producing a new model for Children and Young People's Mental Health Services, including social prescribing. Work with a coalition of 40 national children and young people's non-profit organisations convened by the National Academy for Social Prescribing to integrate social prescribing into a new model and specification.

¹ [nasp-student-champions-report-d4-spreads.pdf](#)

Investing in improved data There needs to be a national dashboard for social prescribing, and the Social Prescribing Information Standard needs to be completed.

Please record any additional information or feedback here: