



BRIEFING PAPER

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Social Prescribing

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Contents:

1. Introduction
2. The path to social prescribing
3. Government policy
4. Benefits of social prescribing
5. Social prescribing in the devolved nations
6. Further reading



Contents

Summary	3
1. Introduction	4
1.1 What is social prescribing?	4
1.2 How does social prescribing work?	4
Commissioning local schemes	4
Referral	4
Developing a personalised care and support plan	6
1.3 Social prescribing and Covid-19	6
2. The path to social prescribing	8
2.1 Major initiatives and reports	8
Report on Mental Capital and Wellbeing	8
The Marmot Review	9
Improving Access to Psychological Therapies	9
2.2 Personalisation of health and social care	10
3. Government policy	12
3.1 Recruitment of link workers	12
Funding recruitment through GP contract reform	12
3.2 National Academy for Social Prescribing	13
3.3 Tackling loneliness and isolation	14
3.4 Other investments and initiatives	17
4. Benefits of social prescribing	20
4.1 Reported benefits	20
4.2 Criticism of evidence base	21
5. Social prescribing in the devolved nations	24
5.1 Scotland	24
5.2 Wales	25
5.3 Northern Ireland	26
6. Further reading	27
Case studies	27
Government Strategies	27
NHS strategies and documents	27
Reports	28
Evaluations and reviews of evidence	28
Other useful links and websites	29

Summary

Social prescribing is a means for GPs and other healthcare professionals to refer patients via a link worker to non-clinical services in the local community.

The NHS estimates that 60% of clinical commissioning groups (CCGs) in England have social prescribing schemes in place. Social prescribing link workers can receive referrals from a range of providers including general practice, pharmacies, multi-disciplinary teams, the fire service, job centres, and housing associations. Link workers then refer individuals to local voluntary, community and social enterprise (VCSE) groups.

Link workers help people to understand the underlying issues affecting their health and wellbeing and work with them to co-produce a personalised care and support plan. People can take up a range of activities and services including the arts, nature-based activities, physical activity classes and counselling.

Several policy papers and Government initiatives paved the way for social prescribing in England. These include the [Foresight Report on Mental Capital \(2008\)](#); the [Marmot Review \(2010\)](#) on reducing health inequalities in England; [Improving Access to Psychological Therapies](#) (IAPT) in 2008; and the personalisation of health and social care, which aims to “promote wellbeing and prevent ill-health” by integrating health and social care services around the needs of the patient. Social prescribing is one of six evidence-based components of the NHS [Comprehensive Model of Personalised Care](#).

The [NHS Long Term Plan](#) (2019) committed to rolling out the Comprehensive Model, which includes the recruitment and training of 1000 new social prescribing link workers in [Primary Care Networks](#) (PCNs) by 2020/21. A new [GP contract for reform](#) set out how the Government will fund the recruitment through an ‘Additional Jobs Reimbursement Scheme’.

In October 2019 the Secretary of State for Health and Social Care launched the [National Academy for Social Prescribing](#). The Academy was established to create partnerships across various sectors, such as health, the arts, sports, and the natural environment to promote health and wellbeing and champion social prescribing.

In 2018 the Government published its [loneliness strategy](#) which sets out the ambition to extend social prescribing in England by 2023/24. The strategy commits the Government to a range of measures which include developing best practice guides and a common outcomes framework, establishing social prescribing steering groups, setting up an online learning platform and developing accredited training for link workers. In recent years the Government has launched several schemes and policies with a social prescribing component. These include awarding 23 social prescribing schemes across England a share of £4.5 million; and, as per the [25 Year Environment Plan](#), helping people with mild to moderate mental health conditions connect to nature.

Although the evidence base has been criticised for not being robust enough, qualitative evidence suggests that social prescribing has positive impacts on people’s mental health and wellbeing as well as reducing the demand on health services.

This paper details the development of social prescribing policies in England and provides an overview of schemes in the devolved nations.

1. Introduction

1.1 What is social prescribing?

Social prescribing is a means for GPs and other healthcare professionals to refer patients to non-clinical services in the local community.¹

Most **social prescribing schemes** focus on improving mental health and physical wellbeing. They connect people via a [link worker](#) to local **voluntary, community and social enterprise** (VCSE) groups that provide practical and emotional support through a range of activities and services.² Community groups vary from area to area and may include “lunch clubs, walking groups, nature-based activities, arts and museum visits, books, physical activity classes (e.g. yoga), or counselling.”³

A wide range of people benefit from social prescribing interventions, including those who:

- live with one or more long-term conditions;
- need support with their mental health;
- experience loneliness or isolation;
- have complex social needs which affect their wellbeing.⁴

1.2 How does social prescribing work?

Commissioning local schemes

NHS England estimates that 60% of clinical commissioning groups (CCGs) in England have social prescribing schemes and this is growing.⁵ Most ‘social prescribing connector schemes’ have been commissioned by CCGs or local authorities, with the VCSE sector responsible for service delivery. Increasingly, schemes are likely to be co-commissioned by health and social care partnerships alongside the VCSE sector and other statutory agencies.⁶

Referral

There are two main points of referral as part of a social prescribing scheme.

- 1 Health worker to link worker
- 2 Link worker to local community organisations.⁷

¹ “[What is social prescribing?](#)”, *The King’s Fund website* (last accessed on 22 April 2020)

² Ibid; “[Social prescribing](#)”, *NHS England website* (last accessed on 1 May 2020)

³ M Polley et al., “[Making Sense of Social Prescribing](#)”, *University of Westminster*, 2017, p17

⁴ “[Social prescribing](#)”, *NHS England website* (last accessed on 1 May 2020)

⁵ “[Social prescribing – frequently asked questions](#)”, *NHS England website* (last accessed on 22 April 2020)

⁶ [Ibid](#)

⁷ M Polley et al., “[Making Sense of Social Prescribing](#)”, *University of Westminster*, 2017, p44

Health worker to link worker

The first point of referral is from a health professional to a link worker. However, depending on how the social prescribing scheme is structured, link workers can receive referrals from other providers.⁸ According to NHS England:

When social prescribing works well, people can be easily referred to link workers from a wide range of local agencies, including general practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care services, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is also encouraged.⁹

As part of the reformed GP contract (see section 3.1), social prescribing link workers in Primary Care Networks (PCNs) setting up new schemes will take referrals exclusively from GPs in their first year. PCNs that already have link workers in place, or have access to social prescribing services, may continue to take referrals from other agencies.¹⁰

Link worker to local community organisations

The second point of referral is from the link worker to a local VCSE group. However, a link worker may refer a person back to a health professional if they think an individual needs crisis support.¹¹

As a social prescribing scheme develops, part of a link worker's role is to identify gaps in local provision which will require new groups to be set up. In some cases, the link worker may encourage people to set up local initiatives and help them find suitable grants and funding.¹²

A "significant barrier" to this referral point is the lack of funding available for local community organisations to support a person once a link worker has referred them.¹³ In a NHS England commissioned guide, *Making Sense of Social Prescribing*, published by the University of Westminster, the authors argue that if the VCSE sector is to receive more social prescribing referrals, it is important that "the money follows the patient" so local organisations can "sustain their income and service provision".¹⁴ They claim that not all groups need large sums of money and some local community groups may only require small grants of £2000.¹⁵

NHS England's [Social prescribing and community-based support: Summary guide](#) outlines how local commissioners can provide funding to help community organisations.

⁸ Ibid

⁹ "[Social prescribing](#)", NHS England website (last accessed on 1 May 2020)

¹⁰ "[Social prescribing – frequently asked questions](#)", NHS England website (last accessed on 22 April 2020); BMA and NHS England, "[Investment and Evolution: A five-year framework for GP Contract reform to implement the NHS Long Term Plan](#)", 31 January 2019, p98

¹¹ M Polley et al., "[Making Sense of Social Prescribing](#)", University of Westminster, 2017, p44

¹² Ibid, p39

¹³ Ibid, p46

¹⁴ Ibid, p29

¹⁵ Ibid

Developing a personalised care and support plan

According to its advocates, social prescribing offers more than an 'active signposting' service. It should support people who lack the confidence or knowledge to approach community groups and services on their own. Link workers can give individuals the time and confidence to explore the underlying issues affecting their health and wellbeing¹⁶ through "what matters to me" conversations and a co-produced personalised care and support plan.¹⁷ NHS England's [Social prescribing and community-based support: Summary guide notes that](#) these plans should outline:

- what matters to the person – their priorities, interests, values and motivations
- community groups and services the person will be connected to
- what the person can expect of community support and services
- what the person can do for themselves, in order to keep well and active
- what assets people already have that they can draw on – family, friends, hobbies, skills and passions.¹⁸

As a personalised care and support plan will be based on an individual's priorities and preferences, it could include creative activities such as art, dance, and singing; exercise and time spent outdoors; or access to services such as debt counselling or housing advice.¹⁹

1.3 Social prescribing and Covid-19

In March 2020, the [Centre for Evidence-Based Medicine](#) (CEBM) at the University of Oxford argued that as people are advised against social contact during the Covid-19 pandemic, there is a risk that wellbeing and feelings of connectiveness will fall and health deteriorate. With community-based activities put on hold, CEBM concludes:

How social prescribing is to proceed in the months ahead will be a challenge, requiring adjustments and imaginative solutions. It is likely to call for more proactivity (e.g. link workers making regular phone calls to keep in touch with potentially vulnerable people). Link workers should be afforded the space and support necessary to identify alternative ways of helping people to feel less isolated. They may be joined by other members of society, who want to offer community care through volunteering and organised programmes of support.²⁰

¹⁶ "[Social prescribing – frequently asked questions](#)", NHS England website (last accessed on 22 April 2020)

¹⁷ [Ibid](#)

¹⁸ NHS England, "[Social prescribing and community-based support Summary guide](#)", 31 January 2019, p14

¹⁹ "[Social prescribing – frequently asked questions](#)", NHS England website (last accessed on 22 April 2020)

²⁰ [Can social prescribing support the COVID-19 pandemic?](#), CEBM, 25 March 2020 (accessed on 3 May 2020)

The [National Association of Link workers](#) has set up a coronavirus hub to provide information, [guidance](#) and resources.

In July 2020, the Government launched its [obesity strategy](#) to help people lose weight and protect them from Covid-19. Part of the strategy is to support people through expanding NHS weight management services, including encouraging doctors to ensure people living with obesity get support for weight loss and providing primary care staff opportunities to become 'healthy weight coaches' through Public Health England (PHE) training. A separate measure will also encourage GPs "to prescribe exercise and more social activities to help people keep fit."²¹

²¹ ["New obesity strategy unveiled as country urged to lose weight to beat coronavirus \(COVID-19\) and protect the NHS"](#), GOV.UK, 27 July 2020 (last accessed 27 July 2020)

2. The path to social prescribing

2.1 Major initiatives and reports

Several initiatives and policy reports have helped to create a “climate for development of social prescribing within local communities.”²²

Report on Mental Capital and Wellbeing

The [Foresight report on mental capital](#), published in 2008, defined ‘mental capital’ as a person’s cognitive and emotional resources. It includes cognitive ability (such as flexibility and efficiency at learning) and emotional intelligence (such as social skills and resilience to stress). Mental capital conditions how well an individual contributes to society and experiences their quality of life.²³

‘Mental wellbeing’ refers to a “dynamic state” in which a person can develop their potential, be productive and creative, build strong and positive relationships and contribute to their community. Wellbeing is enhanced when a person can “fulfil their personal and social goals and achieve a sense of purpose in society.”²⁴ Maintaining good mental capital and mental wellbeing is crucial at all stages of a person’s life and is vital for healthy families, communities and society.²⁵ The report argued that “many important factors will affect the country” in the future which will have an impact on people’s mental capital and wellbeing, presenting challenges and opportunities.²⁶ As a result, the report sought to highlight where we could better allocate resources to meet the challenges ahead,²⁷ including interventions to address mental ill-health in adults and children.²⁸ In order to improve the delivery of treatment for mental ill-health, the report suggested the integration of primary care with social and occupational care:

The risk factors associated with many mental disorders have a major social component, and in primary care, capacity for social prescribing needs to be strengthened in recognition of this, and of the complexity of causation. In particular, greater integration of primary care, psychological care, social care and occupational care would help substantially to assist access to sources of help to address a wide range of causes of mental disorder: e.g. debt; poor housing; marital problems; carer burden; social isolation; job retention and job re-entry; violence; and crime.²⁹

²² L Thomson et al., “[Social Prescribing: A Review of Community Referral Schemes](#)”, University College London, 2015, p5

²³ “[Foresight Mental Capital and Wellbeing Project: Final Project report – Executive summary](#)”, The Government Office for Science, London, 2008, p10

²⁴ Ibid

²⁵ Ibid

²⁶ Ibid, p11

²⁷ Ibid, p9

²⁸ Ibid, p21

²⁹ “[Foresight Mental Capital and Wellbeing Project: Final Project report](#)”, The Government Office for Science, London, 2008, p.150

The Marmot Review

In his 2010 report on health inequalities, Professor Sir Michael Marmot argued that a person's health and wellbeing is determined by a range of interconnecting factors, which include:

Material circumstances, the social environment, psychosocial factors, behaviours, and biological factors. In turn, these factors are influenced by social position, itself shaped by education, occupation, income, gender, ethnicity and race.³⁰

These factors can result in **social and economic inequalities** that are detrimental to an individual's health and which clinical consultations do not adequately address.³¹ For example, traditional treatments and therapies will have a limited impact if the patient is worried about their housing, finances or employment status,³² or if they are feeling depressed and isolated because they are living with a long-term health condition.³³

A University of Westminster review of social prescribing described it as an approach which recognises these social, economic and environmental factors³⁴ and views the "person not as a 'condition' or disability, but quite simply as a person."³⁵

In February 2020 the [Health Foundation](#) and the [Institute of Health Equity](#) published a new report, [Health Equity in England: The Marmot Review 10 Years On](#). The update examined the progress made in addressing health inequalities in England and made practical recommendations for action.³⁶ The report welcomed the establishment of a national academy of social prescribing (see section 3.2) but argued that it must also include an emphasis on activities that would improve daily life, such as housing and financial advice, as well as supporting behaviour change. The report also stated that more research was needed into the possible impacts of social prescribing on inequalities.³⁷

Improving Access to Psychological Therapies

The [Improving Access to Psychological Therapies programme](#) (IAPT) was set up in 2008 to treat adult anxiety disorders and depression in England. This was in keeping with [National Institute for Health and Care Excellence](#) (NICE) guidance on reducing antidepressant prescriptions for

The [National Institute for Health and Care Excellence](#) (NICE) provides national guidance and advice to improve health and social care, including mental health and wellbeing.

³⁰ M Marmot et al., "[Fair society Healthy Lives – Exec Summary](#)", *Institute of Health Equity*, 2010, p10

³¹ M Polley et al., "[Making Sense of Social Prescribing](#)", *University of Westminster*, 2017, p11

³² Ibid

³³ "[This is how to help loneliness and depression through social prescribing](#)", *Mental Health Today*, December 2017 (last accessed on 23 April 2020)

³⁴ "[What is social prescribing?](#)", *The King's Fund website* (last accessed on 22 April 2020)

³⁵ M Polley et al., "[Making Sense of Social Prescribing](#)", *University of Westminster*, 2017, p11

³⁶ [The Health Foundation website](#) (last accessed on 24 April 2020)

³⁷ M Marmot et al., "[Health Equity in England: The Marmot Review 10 years on](#)", *Institute of Health Equity*, 2020, p131

mild to moderate depression.³⁸ NHS England claims that the IAPT programme is “widely-recognised as the most ambitious programme of talking therapies in the world.”³⁹

The three characteristics of IAPT services are:

- 1 **Evidence based psychological therapies:** fully trained and accredited practitioners improve patient outcomes by matching therapies to the mental health problem. All clinical commissioning groups now offer [IAPT services to people with long-term physical health conditions](#).
- 2 **Routine outcome monitoring:** to provide up to date progress information to the person receiving treatment and their clinician.
- 3 **Regular outcomes focused supervision** so practitioners improve and deliver high quality care.⁴⁰

Recent priorities include plans to increase the number of adults who access talking therapies by 380,000 per year to reach 1.9 million by 2023/24; a focus on people with long term conditions; supporting people to find or stay in work; and improving the quality and experience of services.⁴¹

2.2 Personalisation of health and social care

The principles of social prescribing have been reflected in the wider move in recent years towards personalised care.⁴² The 2014 [NHS Five Year Forward View](#) argued “for a more engaged relationship with patients, carers and citizens” to “promote wellbeing and prevent ill-health”.⁴³ Key to this approach is the view that health and social care services should be integrated around the needs of the patient.⁴⁴

The 2016 [General Practice Forward View](#) argued that integrated primary and community health services could also relieve pressure on GPs and identified social prescribing as one of ten high-impact actions to release capacity.⁴⁵ In June 2016 NHS England appointed former NHS Alliance Chair Dr Michael Dixon as National Champion for Social Prescribing,⁴⁶ to promote social prescribing as a credible way to reduce general practice workload.⁴⁷

In November 2018 the NHS published its [Comprehensive Model of Personalised Care](#), which established a whole population approach to

³⁸ L Thomson et al., “[Social Prescribing: A Review of Community Referral Schemes](#)”, University College London, 2015, p9

³⁹ “[Adult Improving Access to Psychological Therapies programme](#)”, NHS England website (accessed on 20 January 2020)

⁴⁰ Ibid

⁴¹ Ibid

⁴² M Polley et al., “[Making Sense of Social Prescribing](#)”, University of Westminster, 2017, p11

⁴³ NHS, “[Five Year Forward View](#)”, October 2014, p2

⁴⁴ Ibid, p16

⁴⁵ NHS England, “[General Practice Forward View](#)”, April 2016, p52

⁴⁶ Dr Dixon also co-founded the [Social Prescribing Network](#) to support the practice and research of social prescribing at a local and national level.

⁴⁷ “[GP leader appointed clinical champion for social prescribing](#)”, Pulse, 30 June 2016 (last accessed on 29 April 2020)

help people manage their physical and mental wellbeing, build community resilience, and make informed choices about their health.

Social prescribing is one of the six evidence-based components that the Comprehensive Model brings together to deliver a joined-up approach based on the needs of the individual.⁴⁸

⁴⁸ "[Comprehensive model of personalised care](#)", *NHS England website* (accessed on 20 January 2020).

3. Government policy

3.1 Recruitment of link workers

The 2019 [NHS Long Term Plan made a commitment](#) to roll-out the Comprehensive Model of Personalised Care (see section 2.2 above) “reaching 2.5 million people by 2023/24 and then aiming to double that again within a decade.”⁴⁹

As part of this commitment, the Government stated that it would **fund the recruitment and training of 1,000 social prescribing link workers by 2020/21**, increasing in 2023/24, so that an estimated 900,000 people would benefit from a social prescribing referral by then.⁵⁰

Funding recruitment through GP contract reform

In January 2019, NHS England, in agreement with the British Medical Association General Practitioners Committee (GPC) in England, translated the commitments in the Long Term Plan into [a Five year framework for GP contract reform](#).⁵¹

The contract set out a new **Additional Roles Reimbursement Scheme** for Primary Care Networks (PCNs) “to create up to an estimated 20,000+ additional posts in five specific different primary care roles” by 2023/24, starting in 2019/20 with clinical pharmacists and social prescribing link workers.⁵²

The scheme will work by ensuring each PCN with a population of at least 30,000 can claim 100% funding for one additional whole-time equivalent (WTE) link worker. Beyond a 100,000 network population this will double to two link workers and then increase further by one for every additional 50,000 PCN population size.⁵³ The maximum reimbursable amount for 2019/20 was £34,113.⁵⁴ Funding for the new link workers became available from 1 July 2019.⁵⁵

According to the GP Contract:

Emerging practice suggests that many networks may choose to fund a local voluntary sector organisation to employ the link workers and run the service on behalf of the network.⁵⁶

The [Bromley by Bow Centre](#) in London, which was established in 1984 and is “one of the oldest and best known social prescribing projects”,⁵⁷ recommended in its 2018/19 annual report that new link workers should “remain focussed in primary care to meet the high levels of

⁴⁹ NHS, “[The NHS Long Term Plan](#)”, January 2019, p25

⁵⁰ Ibid

⁵¹ BMA and NHS England, “[Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan](#)”, January 2019, p3

⁵² Ibid, pp3 and 57

⁵³ Ibid, pp15-16

⁵⁴ Ibid, p13

⁵⁵ “[Social Prescribing](#)”, NHS England website (last accessed on 1 May 2020)

⁵⁶ BMA and NHS England, “[Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan](#)”, January 2019, p13

⁵⁷ “[What is social prescribing?](#)”, The King’s Fund website (last accessed on 22 April 2020)

demand and to enable collaborative working with primary care colleagues.”⁵⁸

Social prescribing link workers

‘Social prescribing link worker’ is a generic term.⁵⁹ Locally they may also be known as “health advisor, health trainer, care navigator, community connector, social prescribing co-ordinator and community care co-ordinator.”⁶⁰

A link worker is a “non-clinically trained person who works in a social prescribing service and receives the individual who has been referred to them.”⁶¹ The link worker enables and supports the patient to assess their needs and ‘co-produce’ their personalised social prescription, “making use of appropriate local resources.”⁶²

Link workers typically support people on average between 6-12 interactions in a variety of ways according to people’s preferences. A typical caseload is up to 250 people per year.⁶³ Link workers are based in GP practices, the local community, or a mix depending on the social prescribing scheme in place.⁶⁴ In cases where someone feels isolated or lonely, link workers may make home visits.⁶⁵ Chapter 3 of the guide [Making Sense of Social Prescribing](#) gives examples of who employs link workers and where they are situated.

The average salary of a social prescribing link worker is around £25,000 per annum.⁶⁶ A draft job description can be found in Annex A of the [Social prescribing and community-based support Summary guide](#).

3.2 National Academy for Social Prescribing

The [National Academy for Social Prescribing](#), developed in partnership across government with Sport England, Arts Council England and voluntary sector partners, launched on 23 October 2019. The academy is an independent body, led by Professor Helen Stokes-Lampard, outgoing Chair of the Royal College of General Practitioners, and will receive £5 million of Government funding to champion social prescribing across England.⁶⁷ The academy will work to:

- standardise the quality and range of social prescribing available to patients across the country

⁵⁸ Bromley by Bow Centre, “[Social Prescribing Service Bromley by Bow Centre Annual Report: April 2018 – March 2019](#)”, p3

⁵⁹ “[Social prescribing – frequently asked questions](#)”, NHS England website, (last accessed on 22 April 2020)

⁶⁰ M Polley et al., “[Making Sense of Social Prescribing](#)”, University of Westminster, 2017, pp4-5

⁶¹ Ibid, p5

⁶² Ibid, pp5 and 13

⁶³ NHS England, “[Social prescribing and community-based support Summary guide](#)”, 31 January 2019, p10

⁶⁴ M Polley et al., “[Making Sense of Social Prescribing](#)”, University of Westminster, 2017, p16

⁶⁵ NHS England, “[Social prescribing and community-based support Summary guide](#)”, 31 January 2019, p10

⁶⁶ Ibid, p14

⁶⁷ “[Social prescribing: new national academy set up](#)”, GOV.UK, 23 October 2019 (last accessed on 20 April 2020)

- increase awareness of the benefits of social prescribing by building and promoting the evidence base
- develop and share best practice, as well as looking at new models and sources for funding
- bring together all partners from health, housing and local government with arts, culture and sporting organisations to maximise the role of social prescribing
- focus on developing training and accreditation across sectors.⁶⁸

The 2019 [Conservative Party manifesto](#) pledged to extend social prescribing and expand the National Academy for Social Prescribing.⁶⁹

3.3 Tackling loneliness and isolation

Social prescribing plays a key role in the Government's plans to combat loneliness in England. In October 2018 the Government published [A connected society: a strategy for tackling loneliness](#) in which it set out an ambition to extend social prescribing:

By 2023, government will support all local health and care systems to implement social prescribing connector schemes across the whole country, supporting government's aim to have a universal national offer available in GP practices.⁷⁰

Further information on the Government's Loneliness Strategy is set out in the library briefing '[Tackling Loneliness](#)'.⁷¹

Best practice guidance

In January 2019, NHS England published the [Social prescribing and community-based support: Summary guide](#) to provide best practice advice to people and organisations responsible for implementing social prescribing. The guide sets out a replicable model (see Figure 1) that comprises the key elements of what good social prescribing looks like and what needs to be put in place locally.⁷²

⁶⁸ Ibid

⁶⁹ The Conservative and Unionist Party, "[Get Brexit Done Unleash Britain's Potential: The Conservative and Unionist Party Manifesto 2019](#)", p11

⁷⁰ HM Government, "[A connected society: A strategy for tackling loneliness – laying the foundations for change](#)", October 2018, p26

⁷¹ CBP 8514

⁷² NHS England, "[Social prescribing and community-based support Summary guide](#)", , 31 January 2019, p11

Figure 1: Model for social prescribing



Source: "[Social prescribing](#)", NHS England website (last accessed 1 May 2020)

NHS England also worked with a wide range of stakeholders to develop a Common Outcomes Framework for social prescribing to ensure a consistent evidence base across England.⁷³ The framework is published in Annex D of the social prescribing summary guide and sets out a common approach to measuring the impact of social prescribing in three key areas:

1. Impact on the person
2. Impact on community groups
3. Impact on the health and care system⁷⁴

⁷³ HM Government, "[A connected society: A strategy for tackling loneliness – laying the foundations for change](#)", October 2018, p27

⁷⁴ NHS England, "[Social prescribing and community-based support Summary guide](#)", 31 January 2019, p28; NHS England and NHS Improvement published additional information for PCNs in [Social prescribing link workers: Reference guide for primary care networks](#).

Set up social prescribing steering groups and regional workshops

Seven Regional Social Prescribing Steering Groups covering the country have been established. Each group brings together key stakeholders “to maximise impact of social prescribing in their region.”⁷⁵

In 2018/19 each region held two social prescribing network/workshop events. An additional event, aimed at commissioners and other key stakeholders, was held in each region between April and June 2019 to support “the development of shared local plans to recruit and embed link workers in Primary Care Networks and align with existing social prescribing schemes.”⁷⁶

Develop an online learning platform

NHS England set up an online learning platform to facilitate collaboration and share resources.⁷⁷ As of January 2020, it had over 1,600 members.⁷⁸ The resources available are:

produced by a range of partners including the King’s Fund, the Healthy London Partnership, University of Westminster, the Work Foundation at Lancaster University, Royal College of GPs, the Local Government Association, and the All Party Parliamentary Group for Arts, Health and Wellbeing.⁷⁹

Public Health England’s [Social prescribing: applying All Our Health](#) also provides guidance to frontline health professionals on how to prevent ill health and promote wellbeing in everyday practice.

Provide accredited training for link workers

As part of its commitment to workforce development, NHS England has developed accredited learning programmes for social prescribing link workers with [Conexus Healthcare](#). A six-month pilot course, in partnership with Bromley-by-Bow and the University of East London, trained the “very first group of qualified social prescribers”.⁸⁰

Participants take [the Level 3 Qualification in Social Prescribing](#), which is the UK’s only recognised qualification for social prescribers. It is an interactive course that equips link workers, organisations, primary care network leads, and CCG social prescribing leads with practical skills and tools to transform organisational approaches to social prescribing.⁸¹

An [e-learning course](#) is also available for link workers to develop the skills they need to deliver social prescribing.

⁷⁵ [PQ 268587](#) [on Loneliness: Social Prescribing], 27 June 2019

⁷⁶ Ibid

⁷⁷ The platform can be accessed by emailing england.socialprescribing@england.nhs.net

⁷⁸ UK Government, “[Loneliness Annual Report January 2020](#)”, January 2020, commitment 7

⁷⁹ “[Social prescribing: applying All Our Health](#)”, Public Health England (last accessed on 29 April 2020)

⁸⁰ “[Social Prescribing Training and Courses](#)”, *Conexus Healthcare website* (last accessed on 30 April 2020)

⁸¹ socialprescribingqualification.org.uk (last accessed on 30 April 2020)

Other commitments

The Loneliness Strategy outlined a commitment by the Department of Health and Social Care (DHSC), NHS England and the Department for Work and Pensions (DWP) **to undertake work assessing how a variety of organisations and services currently refer people into social prescribing schemes**.⁸² The assessment looked at public sector organisations such as the NHS, Jobcentre Plus, Councils and pharmacies, as well as social work services. It found that effective local partnerships continued to be developed and referrals remain widespread.⁸³ The strategy stated that the departments will build on the assessment's findings and commit **to testing methods to improve how different organisations refer individuals into existing schemes and local provision in 2019/20**.⁸⁴

Arts Council England (ACE) committed **to working with public health providers to provide access to arts and cultural programmes as social prescribing expands**.⁸⁵ ACE and the Department for Culture Media and Sport (DCMS) are both on the Social Prescribing Taskforce (see section 3.4 of this paper) and will work with NHS England and DHSC to promote the role of the cultural sector in the development of social prescribing.⁸⁶

The Loneliness Strategy also included a commitment for NHS England **to map all social prescribing connector schemes across England to create a national database of local schemes**.⁸⁷ In the 2020 Loneliness annual report the Government confirmed that NHS England and NHS Improvement has worked with local partners to create a national database.⁸⁸

3.4 Other investments and initiatives

Health and Wellbeing Fund

To help voluntary organisations address health inequalities and to support people's wellbeing, the Government set up the Voluntary, Community and Social Enterprise Health and Wellbeing Fund as part of its health and wellbeing programme. Each round of funding focused on a specific theme. The 2017 to 2018 round was on the theme of social prescribing.⁸⁹ In July 2018 the fund awarded [23 social prescribing](#)

⁸² HM Government, "[A connected society: A strategy for tackling loneliness – laying the foundations for change](#)", October 2018, p27

⁸³ UK Government, "[Loneliness Annual Report January 2020](#)", January 2020, commitment 10

⁸⁴ HM Government, "[A connected society: A strategy for tackling loneliness – laying the foundations for change](#)", October 2018, p27

⁸⁵ HM Government, "[A connected society: A strategy for tackling loneliness – laying the foundations for change](#)", October 2018, p54

⁸⁶ [PQ HL16536](#) [on Arts: Loneliness], 2 July 2019

⁸⁷ HM Government, "[A connected society: A strategy for tackling loneliness – laying the foundations for change](#)", October 2018, p26

⁸⁸ UK Government, "[Loneliness Annual Report January 2020](#)", January 2020, commitment 5

⁸⁹ "[Apply for health and wellbeing fund 2017 to 2018](#)", GOV.UK (last accessed on 2 May 2020)

[schemes across England a share of £4.5 million](#). The funding was allocated to social prescribing projects that focused on:

- reaching out to people who may be socially isolated, for example because of mental health problems or learning difficulties
- providing support for those impacted by health inequalities, such as transgender people or people from black, Asian and minority ethnic (BAME) backgrounds
- helping people with particularly complex needs who regularly access health services⁹⁰

Connecting people to nature

In January 2018 the Government published its [25 Year Environment Plan](#) in which it committed to support people's mental health and wellbeing by connecting them to nature. This ambition included exploring how NHS mental health providers and environmental VCSEs could work together to help people access mental health therapies, including through social prescribing. To do this the Government sought to share lessons and best practice from existing social prescribing schemes; and develop standardised tools to support the roll out of social prescribing across England through a project led by The Conservation Volunteers (TCV).⁹¹ TCV subsequently [received a £397,000 grant](#) from the National Lottery Community Fund to lead the development of a [quality assurance process for social prescribing](#).⁹²

Building on ambitions set out in the Environment Plan, the Government committed to exploring the potential of launching a programme in 2020 to help people access nature-based activities through social prescribing. This programme will be based on work carried out by the Department for Environment, Food and Rural Affairs (DEFRA), Public Health England, NHS England and Natural England to understand current nature-based social prescribing practice and how this can be improved, working in eight localities across England.⁹³

Social prescribing taskforce

A cross-Government social prescribing taskforce had its first meeting in November 2018. The taskforce usually holds meetings every two months involving several Government departments and agencies to discuss how policy in a range of areas can support work to enhance the impact of social prescribing.⁹⁴

Other investments

In December 2016, The Ministry of Housing, Communities and Local Government (MHCLG) set up the [Communities Fund](#) programme to

⁹⁰ "[Social prescribing schemes across England to receive £4.5 million](#)", GOV.UK, July 2018 (accessed on 2 May 2020)

⁹¹ HM Government, "[A Green Future: Our 25 Year Plan to Improve the Environment](#)", 11 January 2018, p74

⁹² "[Social prescribing: It's thanks to you](#)", The Conservation Volunteers website (last accessed on 2 May 2020)

⁹³ HM Government, "[Advancing our health: prevention in the 2020s – consultation document](#)", July 2019, p42

⁹⁴ [PO 268587](#) [on Loneliness: Social Prescribing], 27 June 2019

help local authorities and community group partnerships improve their services. Six grants were awarded to social prescribing schemes such as the '[Community Connectors](#)' project in South Norfolk which received £70,000.⁹⁵

⁹⁵ [PQ 281778](#) [on Loneliness: Young People], 4 September 2019

4. Benefits of social prescribing

4.1 Reported benefits

Improvements to wellbeing

Evaluations of existing social prescribing schemes have reported positive impacts on individuals,⁹⁶ including:

- Increases in self-esteem and confidence
- Sense of control and empowerment
- Improvements in psychological or mental wellbeing
- Positive mood linked to a reduction in symptoms of anxiety and depression.⁹⁷

Several evaluations reported people feeling less lonely; an increase in people connecting to others; an increase in physical activity; and people continuing to engage with health promoting activities after their social prescription had ended.⁹⁸

In addition to overall wellbeing and social connectedness, some people reported improvements to their financial wellbeing.⁹⁹ In 2017/18 the [Advice on prescription scheme](#) in Liverpool – enabling all Liverpool GPs to refer patients for assistance from Citizens Advice advisers on a range of non-medical issues - helped patients manage £2.7 million of debt.

Primary and secondary care

Service evaluations have identified a reduction in emergency admissions, emergency attendance and people visiting primary care services, although with mixed results. For example, Gloucestershire CCG reported a 23% decline in admissions, but accident and emergency (A&E) attendance remained static.¹⁰⁰ An evaluation in Doncaster concluded that:

The Social Prescribing Service has not had a discernible impact on secondary care as the majority of people referred are not regular attendees at Accident and Emergency and have not had many recent inpatient stays.¹⁰¹

⁹⁶ R Kimberlee, "[Gloucestershire Clinical Commissioning Group Social Prescribing Service: Evaluation Report](#)", University of West England, November 2016, p38; C Dayson et al., "[Evaluation of Doncaster Social Prescribing Service: understanding outcomes and impact](#)", Sheffield Hallam University, December 2016, p27

⁹⁷ L Thomson et al., "[Social Prescribing: A Review of Community Referral Schemes](#)", University College London, 2015, p5

⁹⁸ Wellbeing Enterprises CIC, "['Ways to Wellbeing' Social Prescribing Programme Social Impact Report](#)", 2019; Community CVS, "[Volunteer-led social prescribing: Community CVS. Blackburn and Darwen](#)", November 2017; J Pescheny et al., "[The impact of the Luton social prescribing programme on energy expenditure: a quantitative before-and-after study](#)", *BMJ Open*, 2018

⁹⁹ C Dayson et al., "[Evaluation of Doncaster Social Prescribing Service: understanding outcomes and impact](#)", Sheffield Hallam University, December 2016, p27

¹⁰⁰ R Kimberlee, "[Gloucestershire Clinical Commissioning Group Social Prescribing Service: Evaluation Report](#)", University of West England, November 2016, pp29-30

¹⁰¹ C Dayson et al., "[Evaluation of Doncaster Social Prescribing Service: understanding outcomes and impact](#)", Sheffield Hallam University, December 2016, pii

By contrast, studies in Rotherham saw both lower emergency admissions and A&E attendance after social prescribing interventions.¹⁰²

An evaluation of the social prescribing service in Gloucestershire reported a decreased dependence on primary care, with reductions in GP appointments, home visits, and GP telephone calls.¹⁰³ Dayson et al., who evaluated the social prescribing scheme in Doncaster, argued that statutory mental health services would also benefit if social prescribing could prevent people with poor mental health and wellbeing from needing more intensive support.¹⁰⁴ A 2019 '[Ways to Wellbeing](#)' social prescribing impact report by the social enterprise, Wellbeing Enterprises CIC, found participants to its non-medical support programme reported a reduction in their medications.¹⁰⁵

4.2 Criticism of evidence base

Several evidence reviews have criticised the lack of quality evidence on the impact and effectiveness of social prescribing.¹⁰⁶ One review claimed that, of the 15 programme evaluations it studied, "most were small scale and limited by poor design and reporting."¹⁰⁷ It found:

Common design issues included a lack of comparative controls, short follow-up durations, a lack of standardised and validated measuring tools, missing data and a failure to consider potential confounding factors. Despite clear methodological shortcomings, most evaluations presented positive conclusions.¹⁰⁸

Some reviews have argued that the lack of control groups lead to a high risk of bias,¹⁰⁹ which is also a problem with high drop-off rates of respondents at follow-up because only people who completed interventions gave feedback.¹¹⁰ A University of York review also concluded that evaluations may have shown evidence of effective interventions to improve wellbeing and quality of life, but they were not evaluated as part of a social prescribing programme.¹¹¹

¹⁰² C Dayson et al., "[The social and economic impact of the Rotherham Social Prescribing Pilot](#)", *Sheffield Hallam University*, September 2014, p4; C Dayson et al., "[The Rotherham Social Prescribing Service for People with Long-Term Health Conditions Annual Evaluation Report](#)", *Sheffield Hallam University*, January 2016, pii

¹⁰³ R Kimberlee, "[Gloucestershire Clinical Commissioning Group Social Prescribing Service: Evaluation Report](#)", *University of West England*, November 2016, pp8-9

¹⁰⁴ C Dayson et al., "[Evaluation of Doncaster Social Prescribing Service: understanding outcomes and impact](#)", *Sheffield Hallam University*, December 2016, pii

¹⁰⁵ Wellbeing Enterprises CIC, "['Ways to Wellbeing' Social Prescribing Programme Social Impact Report](#)", 2019

¹⁰⁶ "[Evidence to inform the commissioning of social prescribing](#)", *The University of York Centre for Reviews and Dissemination*; M Polley et al., "[A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications](#)", *University of Westminster*, June 2017; L Bickerdike et al., "[Social prescribing: less rhetoric and more reality. A systematic review of the evidence](#)", *BMJ Open*, 2017

¹⁰⁷ L Bickerdike et al., "[Social prescribing: less rhetoric and more reality. A systematic review of the evidence](#)", *BMJ Open*, 2017

¹⁰⁸ Ibid

¹⁰⁹ Ibid; "[Evidence to inform the commissioning of social prescribing](#)", *The University of York Centre for Reviews and Dissemination*

¹¹⁰ M Polley et al., "[A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications](#)", *University of Westminster*, June 2017, p6

¹¹¹ "[Evidence to inform the commissioning of social prescribing](#)", *The University of York Centre for Reviews and Dissemination*

There have also been concerns over the lack of evidence surrounding the cost effectiveness of social prescribing.¹¹² A review by the University of Westminster concluded that evidence that schemes bring costs savings to the health service was encouraging, “but by no means proven or fully quantified.”¹¹³

The lack of robust evidence has led to a call for improvements in the way social prescribing schemes are evaluated.¹¹⁴ Evidence reviews have recommended that evaluations should be comparative by design and should consider questions such as when, for whom and how well does a scheme work and at what cost?¹¹⁵

The National Champion for Social Prescribing in England, Dr Michael Dixon, has argued that criticisms of the evidence base can be overstated:

Two things stand in the way of social prescription. The first is a cry for ‘more evidence of effectiveness’. There is evidence in Rotherham CCG and more recently Gloucestershire CCG – both of whom have embraced social prescribing for all patients and are showing real savings for the NHS. To others it is ‘just plain common sense’. If the NHS wants to wait for definitive double blind placebo-controlled evidence, then this can only be a means of delay and a hypocritical one at that, because the NHS has never really proceeded along these lines anyway, when it didn’t want to.¹¹⁶

A University of Westminster review of the impact of social prescribing acknowledged that the evidence was broadly supportive of its potential to reduce demand on healthcare but that the quality of the evidence was weak “and without further evaluation, it would be premature to conclude that a proof of concept for demand reduction had been established.”¹¹⁷

Research by [Hackney and City CCG and University of East London in 2015](#) found that although there was no statistically significant change in health outcomes, results of qualitative interviews revealed that patients had ‘life changing’ experiences.¹¹⁸

Dr Richard Kimberlee, in his research into SP provision at an English CCG argued that a focus on the known indicators of improved health outcomes also overlooked the further benefits of social prescribing:

It is very clear SP practitioners believe success is not simply about achieving positive outcomes like: improved well-being, a return to

¹¹² Ibid

¹¹³ M Polley et al., “[A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications](#)”, University of Westminster, June 2017, p6

¹¹⁴ Ibid, p7

¹¹⁵ “[Evidence to inform the commissioning of social prescribing](#)”, The University of York Centre for Reviews and Dissemination; L Bickerdike et al., “[Social prescribing: less rhetoric and more reality. A systematic review of the evidence](#)”, BMJ Open, 2017

¹¹⁶ “[Social prescription: A trojan horse for a health creating community?](#)”, National Health Executive, 9 December 2016 (last accessed on 2 May 2020)

¹¹⁷ M Polley et al., “[A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications](#)”, University of Westminster, June 2017, p6

¹¹⁸ City and Hackney Clinical Commissioning Groups and University of East London, “[Social Prescribing: integrating GP and Community Assets for Health](#)”, The Health Foundation Shine 2014 final report, September 2015, p4

work or training etc. instead they see their intervention is about addressing embedded and unaddressed/undiagnosed issues like: agoraphobia brought on by abusive neighbours, addiction, obesity etc. In this sense SP interventions were seen as preventative in that practitioners believe they prevent patients from spiralling down to worse scenarios.¹¹⁹

Polley et al, in the University of Westminster study, pointed out that link worker social prescribing schemes included several interventions of which some were evidence based and some not. They argued that “the success or otherwise of a link worker model will depend on the combined success of each intervention.”¹²⁰ It may therefore be “disingenuous” to conclude that a lack of evidence to support the effectiveness of a link worker model implied a lack of evidence for individual interventions.¹²¹

Several evaluations found that social prescribing can also have a positive social impact and develop community capacity. For example, an impact report from the social enterprise, [Wellbeing Enterprises](#) found social prescribing participants taking on community volunteer roles and/or receiving funding and support from Wellbeing Enterprises to create their own groups.¹²² In Gloucester, former social prescribers have formed their own wellbeing groups and activities after witnessing the benefits of their social prescribing scheme.¹²³

¹¹⁹ R Kimberlee, “[What is social prescribing?](#)”, *Advances in social sciences research journal*, Vol 2 No 1, 25 January 2015, p109

¹²⁰ M Polley et al., “[A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications](#)”, *University of Westminster*, June 2017, p6

¹²¹ Ibid

¹²² Wellbeing Enterprises CIC, “[‘Ways to Wellbeing’ Social Prescribing Programme Social Impact Report](#)”, 2019

¹²³ R Kimberlee, “[Gloucestershire Clinical Commissioning Group Social Prescribing Service: Evaluation Report](#)”, *University of West England*, November 2016, p31

5. Social prescribing in the devolved nations

5.1 Scotland

Community Link Worker programme

In its 2016-17 manifesto, [A Plan for Scotland](#), the Scottish Government included a commitment **to recruit up to 250 Community Link Workers (CLW) in GP surgeries over the life of the Parliament (by 2021)**.¹²⁴ This was in addition to the existing 53 Scottish Government funded link workers already operating in deprived areas of Scotland.¹²⁵

The development of CLWs by Health and Social Care Partnerships (HSCP) was [one of the key priorities](#) set out in a [Memorandum of Understanding](#) between the Scottish Government, British Medical Association, Integration Authorities and NHS Boards.¹²⁶ It states that the CLW roles will be designed by HSCPs, working with GPs, patients and the third sector, and based on an assessment of local needs.¹²⁷ [NHS Scotland's Public Health Network](#) (ScotPHN) offers information and guidance to support HSCPs and their partners to implement the CLW programme.

Scottish parliamentary scrutiny

In December 2019, the Health and Sport committee published a report, focussing on [the prescription of physical activity and sport](#). The committee was in no doubt of the important role that social prescribing played in preventative care for health and wellbeing. The committee concluded, however, that social prescribing should not be seen as a cost-free alternative and that upstream funding was needed “for infrastructure, utilisation of community spaces and support for organisations to deliver prevention activities.”¹²⁸ The committee raised concerns that such initiatives were not being delivered across all NHS Boards and Integration Authorities.¹²⁹

In response to the report the Scottish Government set out:

how it is building capacity in primary care and other settings to provide integrated support, which includes a social prescribing element. Through community link workers and mental health workers, delivery programmes and support for community-led initiatives aiming to increase physical activity, improve overall physical and mental health, and tackle health inequalities are being progressed.¹³⁰

¹²⁴ Scottish Government, “[A Plan for Scotland](#)”, 2016, p63

¹²⁵ Scottish Government, “[Improving General Practice Sustainability Group :2019 Report](#)”, Annex A Case Study 1, February 2019

¹²⁶ “[CLW Support, Information & Guidance](#)”, Paper 1: Policy Context, November 2017(accessed on 3 May 2020)

¹²⁷ Ibid

¹²⁸ Health and Sport Committee, [Social Prescribing: physical activity is an investment, not a cost](#), SP Paper 639, para 102 and 104

¹²⁹ Ibid

¹³⁰ [SP 18 February 2020, c50](#)

EU support

In 2017, [mPower](#), a five-year project supported by the European Union's [INTERREG VA Programme](#), was launched to create a cross-border service for older people (65+) living with long-term conditions in the Republic of Ireland, Northern Ireland and Scotland. The project employs Community Navigators to help people develop wellbeing plans connecting them to activities in their community, and to assist them with technology. The project is due to run until December 2021.

5.2 Wales

In September 2017, the Welsh Government published its national strategy, [Prosperity for All](#), in which there was a commitment to **"deliver a pilot to explore how social prescribing can help to treat mental health conditions."**¹³¹

In October 2018 the Cabinet Secretary for Health and Social Services announced that the Government had awarded £1,351,066 of funding to Mind Cymru and the British Red Cross to deliver two social prescribing projects.¹³² The projects are expected to submit final evaluations in 2022.¹³³

In addition to the pilots, the national strategy also committed to:

- expand the community health and social care workforce, with innovative new roles, such as 'community connectors' that support social prescribing and more formal partnerships with volunteers and the third sector¹³⁴
- build the capacity of communities as places which support better health and well-being using approaches such as social prescribing¹³⁵

Primary Care Hub Support

In October 2016, it was agreed that the Primary and Community Care Development and Innovation Hub (Primary Care Hub), hosted by Public Health Wales NHS Trust, would support the emerging interest in the role of social prescribing and co-ordinate the delivery of three commitments:

- **Explore the evidence base for social prescribing.** The Hub published a [summary report](#) in collaboration with Public Health Wales Observatory Evidence Service in June 2017.
- **Develop a systematic process for gathering social prescribing activity.** A repository of social prescribing projects is published on the [Primary Care One website](#).

¹³¹ Welsh Government, "[Prosperity for All: the national strategy](#)", September 2017, p26

¹³² "[Written Statement – Social Prescribing Pilots for Mental Health](#)", *gov.wales* (accessed on 4 May 2020)

¹³³ Welsh Government, "[Together for Mental Health Delivery Plan: 2019-22](#)", 2020, p15

¹³⁴ Welsh Government, "[Prosperity for All: the national strategy](#)", September 2017, p14

¹³⁵ *Ibid*, p20

- **Share learning** arising from these activities. The Hub has organised regional and national events to share learning.¹³⁶

5.3 Northern Ireland

In May 2019, the Department of Health announced a National Lottery funded social prescribing project by the Bogside and Brandywell Health Forum to support 4,000 people aged over 18 years across Northern Ireland. The [SPRING Social Prescribing project](#), which is set to run for three years, will work with 60 GP practices in partnership with the Healthy Living Centre Alliance and the five Health and Social Care Trusts. The project will also receive funding from the Department of Agriculture Environment and Rural Affairs (DAERA).¹³⁷

Part of £3 million National Lottery funding was also allocated to a similar project in Scotland in partnership with the [Scottish Communities for Health and Wellbeing](#).¹³⁸

¹³⁶ Public Health Wales, "[Social prescribing in Wales](#)", May 2018, p10; [Primary Care One website](#) (accessed on 4 May 2020)

¹³⁷ "[New health project could transform health services for patients](#)", Department of Health website (accessed on 4 May 2020)

¹³⁸ Ibid

6. Further reading

Case studies

[Just what the doctor ordered – a guide for local authorities](#), Local Government Association

[Social prescribing & Reading Well in Shropshire libraries](#), The Reading Agency

[Social prescribing in practice](#), NHS England

[Social prescribing linked me to art which saved my life](#), NHS England

[Social prescribing – the power of time and connections](#), NHS England

[Social prescribing represents the most effective, wide reaching and life changing of all initiatives to date: a GP's perspective](#), NHS England

Government Strategies

[Social prescribing: applying All Our Health](#), Public Health England

Arts Council England, "[Let's Create Strategy 2020-2030](#)", 27 January 2020

HM Government, "[A Green Future: Our 25 Year Plan to Improve the Environment](#)", 11 January 2018

HM Government, "[Advancing our health: prevention in the 2020s – consultation document](#)", July 2019

HM Government, "[A connected society: A strategy for tackling loneliness – laying the foundations for change](#)", October 2018

UK Government, "[Loneliness Annual Report January 2020](#)", January 2020

NHS strategies and documents

[Comprehensive model of personalised care](#), NHS England website

BMA and NHS England, "[Investment and Evolution: A five-year framework for GP Contract reform to implement the NHS Long Term Plan](#)", 31 January 2019

BMA and NHS England, "[Network Contract Directed Enhanced Service Contract Specification 2019/20](#)", April 2019

Community CVS, "[Volunteer-led social prescribing: Community CVS, Blackburn and Darwen](#)", November 2017

NHS, "[Five Year Forward View](#)", October 2014

NHS, "[The NHS Long Term Plan](#)", January 2019

NHS England, "[General Practice Forward View](#)", April 2016

NHS England, "[Social prescribing and community-based support Summary guide](#)", 31 January 2019

NHS England and NHS Improvement, "[Social prescribing link workers: Reference guide for primary care networks](#)", January 2019

Reports

[Foresight Mental Capital and Wellbeing Project: Final Project report – Executive summary](#), *The Government Office for Science, London*, 2008

M Marmot et al., "[Fair society Healthy Lives – Exec Summary](#)", *Institute of Health Equity*, 2010

M Marmot et al., "[Health Equity in England: The Marmot Review 10 Years On](#)", February 2020

Evaluations and reviews of evidence

[Evidence to inform the commissioning of social prescribing](#), *The University of York Centre for Reviews and Dissemination*

Bromley by Bow Centre, "[Social Prescribing Service Bromley by Bow Centre Annual Report: April 2018 – March 2019](#)"

L Bickerdike et al., "[Social prescribing: less rhetoric and more reality. A systematic review of the evidence](#)", *BMJ Open*, 2017

City and Hackney Clinical Commissioning Groups and University of East London, "[Social Prescribing: integrating GP and Community Assets for Health](#)", *The Health Foundation Shine 2014 final report*, September 2015

C Dayson et al., "[The social and economic impact of the Rotherham Social Prescribing Pilot](#)", *Sheffield Hallam University*, September 2014

C Dayson et al., "[The Rotherham Social Prescribing Service for People with Long-Term Health Conditions Annual Evaluation Report](#)", *Sheffield Hallam University*, January 2016

C Dayson et al., "[Evaluation of Doncaster Social Prescribing Service: understanding outcomes and impact](#)", *Sheffield Hallam University*, December 2016

R Kimberlee, "[Developing a social prescribing approach for Bristol](#)", *Bristol CCG*, October 2013

R Kimberlee, "[What is social prescribing?](#)", *Advances in social sciences research journal*, Vol 2 No 1, 25 January 2015

R Kimberlee, "[Gloucestershire Clinical Commissioning Group Social Prescribing Service: Evaluation Report](#)", *University of West England*, November 2016

J Pescheny et al., "[The impact of the Luton social prescribing programme on energy expenditure: a quantitative before-and-after study](#)", *BMJ Open*, 2018

M Polley et al., "[A review of the evidence assessing impact of social prescribing on healthcare demand and cost implications](#)", *University of Westminster*, June 2017

L Thomson et al., "[Social Prescribing: A Review of Community Referral Schemes](#)", *University College London*, 2015

Wellbeing Enterprises CIC, "[‘Ways to Wellbeing’ Social Prescribing Programme Social Impact Report](#)", 2019

Other useful links and websites

[What is social prescribing?](#), *The Kings Fund website*

[Social prescribing](#), *NHS England website*

[Social prescribing – frequently asked questions](#), *NHS England website*

[Social Prescribing Network](#)

[National Association of Link workers](#)

[National Academy for Social Prescribing](#)

socialprescribingqualification.org.uk

[Supporting link workers in primary care networks](#), *NHS England website*

[The Health Foundation](#)

[Adult Improving Access to Psychological Therapies programme](#), *NHS England website*

[NHS Clinical Commissioners website](#)

[Clinical commissioning groups \(CCGs\)](#), *NHS England website*

[National Institute for Health and Care Excellence](#)

M Polley et al., ["Making Sense of Social Prescribing"](#), *University of Westminster*, 2017

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