Written evidence submitted by the National Academy for Social Prescribing (PHS0073)

Proposal

At the National Academy for Social Prescribing, we propose that social prescribing is considered in the inquiry into the prevention of ill-health.

What is social prescribing?

Social prescribing is a way of actively connecting people to activities, information and resources to help address an unmet health and wellbeing need or risk. It recognises the impact of wider social factors on people's health and wellbeing. These can be very wide-ranging and can include issues like loneliness, isolation or stress due to financial pressures or poor housing, which can seriously impact our health and wellbeing but cannot be treated by doctors and medicine alone.

Examples of social prescribing include:

- Working with someone with high blood pressure to take up a form of exercise they're comfortable with.
- Helping someone who is isolated and lonely to join a befriending group, an art class or a community gardening project, based on what works for them.
- Supporting someone with dementia to join a dementia choir, enabling them to maintain a sense of social connection.
- Connecting someone struggling with financial stress to find a service that helps them manage debt or claim benefits.

The evidence for social prescribing

The evidence shows that social prescribing can have a positive impact on a very wide range of health and wellbeing outcomes, including decreases in loneliness, improvements in mental health, in social connections and in overall wellbeing[i]. It helps tackle health inequalities[ii] and can be very effective in helping to reach social groups with the greatest health needs who may be under-represented in the health system.

The evidence tells us that social prescribing can reduce pressure on primary care. For example, a study of patients at risk of cardiovascular disease who were referred to the Social Prescribing Service in Shropshire showed there was a 40% reduction in visits to their GP[iii].

Social prescribing is also a very cost-effective intervention. An evaluation of the Doncaster Social Prescribing Service showed that for every £1 of funding spent supporting vulnerable people, social prescribing produced more than £10 of health benefits[iv].

We need social prescribing to help prevent ill-health

As a nation we are living longer and by 2041 the number of people over the age of 85 will have increased to 3.2 million[v]. As a result, many more of us will live with multiple or long-term health conditions in older age like dementia, degenerative diseases and depression.

The number of people experiencing loneliness is increasing, with young people more likely to experience loneliness than those aged over 65[vi]. Social isolation and loneliness are linked to

cardiovascular health risks, increased death rates, high blood pressure, depression and risk of dementia.

One in five people live in poverty[vii]. As well as being a primary cause of health inequalities, deprivation and poverty have profound impacts on physical and mental health. For example, poorly heated homes can directly lead to respiratory illnesses, depression and can exacerbate existing conditions[viii] and the stress of not having enough money or having debt can seriously impact mental health[ix].

These social challenges and the resulting health implications put pressure on the health system, which is often not equipped to deal with the social root of the problem. Social prescribing can help tackle these social challenges very effectively. Not only can it help people to manage existing health conditions and have a better quality of life, but by addressing the social cause of an issue, it can also prevent or lessen knock-on health and wellbeing impacts to the individual and to the health system.

Conclusion

Without social prescribing, social challenges like these will continue to grow, resulting in serious health and wellbeing issues for millions of people which will put further strain on the health system. Social prescribing is an important tool in the prevention of ill-health and therefore we call for it to be included in the inquiry.

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[i] Evidence - National Academy for Social Prescribing | NASP (socialprescribingacademy.org.uk)
[ii] Social prescribing: applying All Our Health - GOV.UK (www.gov.uk)
[iii] Economic Evidence - National Academy for Social Prescribing | NASP (socialprescribingacademy.org.uk)
[iv] evidence-review-economic-impact.pdf (socialprescribingacademy.org.uk)
[v] Living longer - Office for National Statistics (ons.gov.uk)
[vi] Department for Digital, Culture, Media, and Sport (2022) Investigating factors associated with loneliness in England. London: Gov.uk Available at: https://www.gov.uk/government/publications/factors-associated-with-loneliness-in-adults-in-england/investigating-factors-associated-with-loneliness-in-adults-in-england
[vii] https://www.jrf.org.uk/report/uk-poverty-2022
[viii] the-health-impacts-of-cold-homes-and-fuel-poverty.pdf (instituteofhealthequity.org)
[ix] Kitmitto L., Mughal R., Polley M. & Chatterjee H J. (2022) How social welfare legal and financial issues affect health and wellbeing: the role of social prescribing. NASP.