

## Written evidence submitted by The National Academy for Social Prescribing (NASP)(UGS0079)

October 2023

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

Social prescribing is a way to actively connect 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 and addresses these issues through personalised care. The evidence shows that social prescribing can have a positive impact on a wide range of health and wellbeing outcomes, including loneliness and social isolation.

The National Academy for Social Prescribing (NASP) is a national charity, founded alongside the creation of Primary Care Networks (PCNs) in 2019, and works to ensure a high quality, consistent, integrated approach to social prescribing across sectors locally, nationally and globally.

The last four years have seen a transformation for social prescribing; England is the first country in the world to offer non-medical, community-based connection and support as a universal element of primary care. Since then, more than 2 million people have been referred to social prescribing Link Workers in PCNs, with growing evidence that this improves their health and experience of healthcare.

Social prescribing is a real success story for the NHS. There is strong public and professional support for social prescribing: our YouGov survey found that 70% of people felt it should be available in every General Practitioner's (GP's) practice, and a recent Department of Health and Social Care (DHSC) survey found that 97% of GPs viewed it favourably. Based on the available evidence, we forecast that NHS England's current roll-out of the Social Prescribing Link Worker programme could lead to 4.5 million fewer GP appointments each year, a saving of £300m in GP appointment and related prescription costs, while also providing patients with more appropriate support from charities and services in their communities.

This evidence focuses on the contribution of urban green space to people's mental and physical health as a key component of the physical infrastructure that supports social prescribing. Our submission also considers differential access to urban green space, in relation to health need, health outcomes and health inequalities.

## NASP's Response to the Inquiry Questions

1. *How successfully are the Government and Local Authorities protecting and increasing urban green spaces, and what trends can be seen in the extent and quality of those spaces?*

NASP offers no comment on this.

2. *What environmental challenges are urban areas facing, and how could wider access and inclusion to green spaces (including dog-friendly spaces) address these challenges? Areas to consider but not limited to:*

*Increased temperatures and the 'urban heat island' effect*

*Flooding risks and water quality in urban watercourses*

*Air pollution and the associated health implications*

*Noise pollution*

*Climate change and carbon storage*

*Pressures on biodiversity and ecosystems in urban centres*

*Resource and waste management*

NASP offers no comment on this.

3. *To what extent will Government initiatives such as the Green Infrastructure Framework, the levelling up parks fund and urban tree challenge fund adequately address the issues associated with a lack of green space in towns and cities?*

NASP offers no comment on this.

4. *Will the Government achieve its aims to increase the amount of green cover to 40% in urban residential areas? What other additional measures should the Government take to increase green urban space?*

NASP offers no comment on this.

5. *Is access to urban green spaces equally distributed across all sectors of society? Do the environmental and associated health risks disproportionately impact certain groups? What barriers to access exist and how can they be addressed?*

Urban greenspaces are a very important factor influencing people's health outcomes and mitigating inequalities in those outcomes<sup>1</sup>. Urban green spaces offer places for people to exercise and socialise with family and friends in their community close to where they live.

### Urban green space: motivations for visiting.

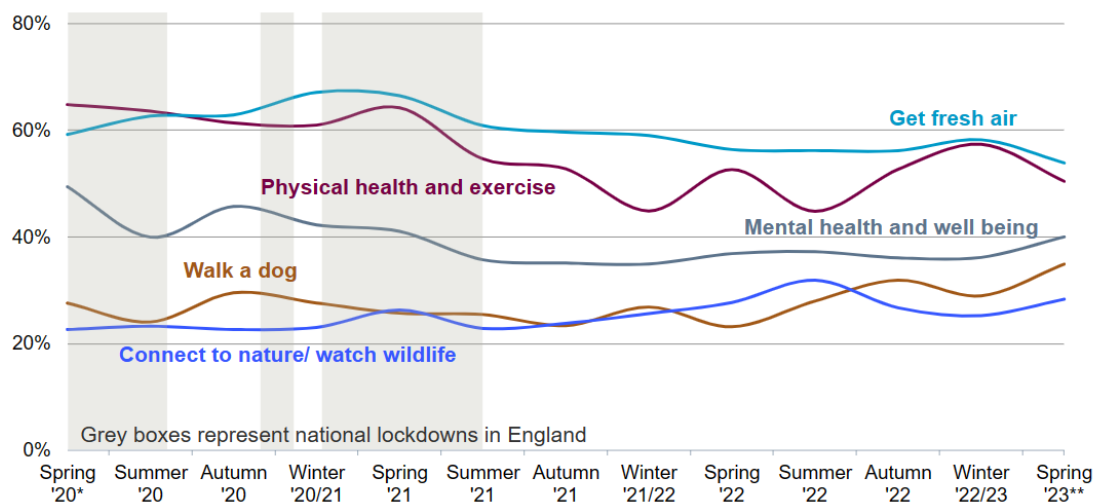
[Natural England's Monitor of Engagement in the Natural Environment](#) (MENE) survey and its successor the [People and Nature](#) survey provide insights into the importance of urban greenspace to people, who uses them and for what purposes and trends.

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<sup>1</sup> [One in eight British households has no garden - Office for National Statistics \(ons.gov.uk\)](#)

The MENE survey showed for 10 years urban parks and greenspaces as the most visited natural environment that people visited most regularly. The People and Nature survey reported that for the past 3 years urban green spaces are the most reported destination type. Over that period, the Chart below shows a high proportion of visits where motivated by physical and mental health reasons. The importance of urban greenspaces including for health was amplified during the recent pandemic.

**Chart 5-2 Main reasons for taking a visit between April 2020 to March 2023.**



Source - People and Nature survey [Adults' Year 3 Annual Report \(April 2022 - March 2023\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/103111/Adults-Year-3-Annual-Report-April-2022-March-2023.pdf) (Official Statistics) - GOV.UK ([www.gov.uk](http://www.gov.uk))

**Chart notes**

Source: M2A\_SUB\_Q5 What were the main three reasons for taking this visit. Answer options subset: For physical health and exercise, To get fresh air, For mental health and well-being, To walk a dog, To connect to nature / watch wildlife.

1. Data collected between April 2020 and March 2023.
2. The samples for this question were 606 (Spring '20), 1155 (Summer '20), 1076 (Autumn '20), 1015 (Winter '20/21), 1077 (Spring '21), 1141 (Summer '21), 1094 (Autumn '21), 1045 (Winter '21/22), 1115 (Spring '22), 1101 (Summer '22), 1104 (Autumn '22), 1068 (Winter '22/23), 400 (Spring '23).
3. Only a subset of reasons have been presented. More information on the questionnaire is available [here](#).
4. 'Don't know' / 'prefer not to say' responses are not included in this chart.
5. As this is a multi-select question the percentages will not add up to 100%.

**Urban green space - health and wellbeing benefits**

Drivers behind rapidly increasing health demand include people living longer and for longer periods with Multiple long-term conditions plus a rapidly aging population. A third of these people will have a mental illness - dementia or depression (where a key risk factor is social isolation) and muscular skeletal conditions (where a key risk factor is physical inactivity).

There is [well-established evidence](#) to demonstrate the mental and physical health benefits of time spent in nature. Outcomes can include:

- reduced blood pressure
- lower levels of cardiovascular and respiratory problems
- slower cognitive decline
- reduced risk of diabetes and obesity.
- increased wellbeing, happiness and resilience, and reduced social isolation.

Academic reviews have demonstrated that individuals with access to local greenspaces are [more likely to meet](#) physical activity recommendations, with individuals over about 1.4 miles from a green space 24 per cent less likely to meet physical activity recommendations than those less than about half a mile away. Individuals also report that physical activity in green spaces is more enjoyable than physical activity in other environments and thus that they are more likely to repeat the behaviour. This behavioural shift could provide significant long-term health benefits, both for individuals and for communities of people with specific health challenges.

The health benefits of public parks and green spaces are generally [universally obtainable](#) and can be derived from short periods of engagement of less than 30 minutes.

Individuals with [low wellbeing](#) receive the greatest health benefits from engagement with nature, with nature-based interventions shown to be effective at improving [health and wellbeing in individuals with mental illness](#).

Green spaces also [encourage social interactions](#) that can reduce the adverse health effects of [loneliness](#). Green spaces often act as corridors connecting people and local complimentary services - such as libraries, schools, hospitals and doctors' surgeries.

## Urban Greenspace and Health: Inequalities in access and health

Despite the range of health benefits derived from access to public parks and green spaces, individuals from [economically deprived areas](#) are less likely to have access to good quality public green spaces.

The 20 per cent most affluent wards in the UK have [five times](#) the amount of parks and green space per person compared to the 10 per cent most deprived. This means those facing the most significant risk of physical and mental ill-health have the least opportunity to interact with nature and receive the associated health benefits.

Health inequalities are stark, with a [19-year gap in healthy life expectancy](#) in England between the most and least affluent areas of the country, with people living in the most deprived areas, certain ethnic minority and inclusion health groups, spending [more years in ill health and dying sooner](#) than the least deprived communities. People living in more deprived areas face environmental inequalities in addition to health inequalities, being exposed to more environmental burdens and having less access to good quality green space<sup>2</sup>. These environmental inequalities reinforce health inequalities<sup>3</sup>.

Better access to good quality, local greenspace is one way to support the health and wellbeing of those that experience health inequalities, with evidence<sup>4</sup> to show that:

- People living in the most deprived areas are less likely to live near or visit natural spaces.
- There are differences between those living in urban and rural areas.
- Adults from ethnic minority groups, those with a long-term illness or condition plus older adults are also less likely to visit natural spaces.

To promote and improve the whole population's health and wellbeing, it is therefore essential to ensure access to local parks and green spaces remains possible for all.

The [2016 Communities and Local Government Committee inquiry into the future of public park](#) - which received a large volume of evidence on the challenges faced by urban greenspaces, their managers and of their value to local communities- included in its report a recommendation that “the [parks] Minister issues very clear guidance to local authorities that they should work collaboratively with Health and Wellbeing Boards, and other relevant bodies where appropriate, to prepare and publish joint parks and green space strategies”.

## Urban Greenspace and Health: Green Social Prescribing

Social prescribing is part of the NHS Long Term Plan, and the recent NHS Long Term Workforce Plan commits to increasing the number of Social Prescribing Link Workers (SPLW)s to 9,000 by 2036 from the current 3,400.

Nature-based social prescribing interventions - also referred to as Green Social Prescribing (GSP) - is a subset of wider social prescribing. It is the practice of supporting people to engage in nature-based interventions and activities to improve their health. It is a means to deliver support to those who may benefit the most from time in nature but struggle to do this on their own. It can connect people to the wider community, increase feeling of connection to nature and help to increase social connectedness, in turn this can increase feelings of happiness and wellbeing.

The Government's 2023 [Environmental Improvement Plan](#) includes a commitment to “explore options for how best to embed green social prescribing, including across multiple healthcare pathways”. This will build on learning from the £5.77 million cross-government [GSP Programme to tackle and prevent mental ill health](#). That programme funded and supported seven ‘test and learn’ pilot sites across England and explored the changes necessary to embed and scale-up GSP within the health care system. Initial learning from that project in the form of a GSP [toolkit](#) has recently been published with the final evaluation report is forthcoming in

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<sup>2</sup> [Green Infrastructure Map \(naturalengland.org.uk\)](#) supports consideration of locations of and availability of local green space

<sup>3</sup> [UCL \(nice.org.uk\)](#)

<sup>4</sup> [The People and Nature Survey for England: Adult Data Y1Q1 \(April - June 2020\) \(Experimental Statistics\) - GOV.UK \(www.gov.uk\)](#)

winter 2023/24. A [DHSC analysis](#) undertaken in support of the programme found that 97% of clinicians viewed GSP favourably, and 94% were likely to refer patients to social prescribers in the future.

## Urban Greenspace and Health - Maximising the potential.

Maximising the potential of green social prescribing to benefit health and wellbeing - particularly for those with greatest health needs - requires a whole system approach that includes consideration of the following:

- An understanding of place-based needs, and ‘mapping’ of existing local resources, capacity that includes an assessment of urban green space provision<sup>5</sup>
- Stronger mechanisms and governance that connects decisions on green space provision and investment with local health needs<sup>6</sup>
- Sustainable investment in and support for skilled management of urban green spaces that is responsive to local community need for health and to established quality standards<sup>7</sup>

To ensure the continued success of green social prescribing in urban areas, NASP would like social prescribing to be **fully embedded and universally available in the health care system**. To achieve this outcome, we need:

- A sustainable investment model for social prescribing, including sustainable investment in the voluntary and community sector organisations who provide many of the activities to which people are referred.  
And
- Greater recognition of the clinical and cost-effectiveness of social prescribing amongst local- and national-level health commissioners.  
And
- A robust and widely available local infrastructure where people live that including well-managed, high quality urban green space supported by skilled connectors to guide people on activities available to them.

Achieving this outcome is not simply a matter of financial resource - it requires commitment by policy- and decision-makers from across sectors and agendas to support and invest in a whole system approach to social prescribing and in the physical infrastructure and people that support it.

October 2023

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<sup>5</sup> This extends to an ‘whole system’ understanding of local resources from across sectors – so environmental, sport and physical activity, arts and culture, heritage plus employment, business and health.

<sup>6</sup> Examples of relevant considerations can be seen in the [‘Naturally Birmingham’](#) Future Parks accelerator pilot.

<sup>7</sup> Example standards are advocated in the Green Infrastructure Framework and include the Government-owned national quality standard for greenspace the [Green Flag Award](#)

