

Evidence on social prescribing: Sep 2020 highlights

1. Benefits of social prescribing and related interventions



[Exercise](#) is known to lower health risks. Early results from RCGP's new [observatory](#) suggest that physical activity is the second most common intervention in primary care.



[Taking part in the arts](#) can help to prevent, treat and manage ill-health. The arts can reduce stress markers and improve immune response. Engagement with the arts can improve social cohesion and reduced inequalities.



[Nature-based interventions](#) can reduce depression, anxiety and stress related symptoms.

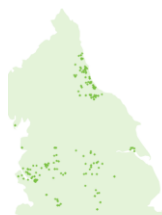


[Health coaching](#) for people with COPD improves health outcomes and reduces hospital admissions.

2. Strength of the voluntary, community and social enterprise sector



Social prescribing relies on a thriving voluntary sector but some areas lack [basic provision](#) (e.g. benefits and housing advice, mental health services, employment support).



People living in deprived neighbourhoods are more likely to have serious ill-health. But the [voluntary sector is weaker](#) than in affluent areas. There is a case for cross-government investment, especially for ["left-behind" neighbourhoods](#), which are mainly in coastal towns, the Midlands and the North.

3. The value of link workers

We are rolling out link workers in primary care in line with the NHS Long Term Plan, via a rapid recruitment programme. There is emerging evidence of benefits following referral to a link worker, including better mental health and wellbeing, and reduced loneliness. There are [gaps and weaknesses](#) in the evidence base, so we are investigating the feasibility of a large-scale evaluation of rollout.

Link workers have been a key part of the COVID-19 response.

The [observatory](#) shows referrals surged during lockdown. Take-up is highest in deprived neighbourhoods.

