Global Social Prescribing Alliance

Policy Paper: Artificial Intelligence in Digital Health and Social Prescribing

Global Social Prescribing Alliance

Advancing Access, Quality, and Innovation in Social Prescribing

Strategic Implementation partners:

www.whis.world/gspa

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Foreword & Executive Summary By Gareth Presch, CEO, Global Social Prescribing Alliance (GSPA)

Social prescribing has become a global movement, connecting individuals to community-based support that addresses social, emotional, and practical determinants of health. Through the Global Social Prescribing Alliance (GSPA), we're engaging across over 40 countries, supporting millions of people to access holistic care.

Global Adoption – Countries Advancing Social Prescribing Through GSPA Collaboration:

United Kingdom, Ireland, United States, Canada, Australia, New Zealand, Portugal, Spain, Netherlands, Germany, Italy, Switzerland, Sweden, Finland, Norway, Denmark, Poland, Greece, Turkey, United Arab Emirates, Saudi Arabia, Qatar, Bahrain, India, Pakistan, Singapore, Japan, South Korea, Thailand, Malaysia, Philippines, Indonesia, South Africa, Kenya, Ghana, Nigeria, Brazil, Mexico, Colombia, Chile, Argentina.

The global digital health market is experiencing rapid, high-double-digit growth. Estimates for 2026 range from $177 billion (Statista) to $483 billion (Yahoo Finance Singapore), with long-term projections exceeding $1 trillion by the early 2030s and potentially reaching $1.5 trillion by 2035. Growth is driven by telehealth, AI-enabled platforms, wearable technology, and digital therapeutics. Key market metrics include:

- CAGR: Projected between 10.8% and 22% through the 2030s
- Telehealth: Accounted for ~45% of the market in 2024, led by remote patient monitoring
- Wearables & mHealth apps: Rising adoption for chronic disease management (especially diabetes, cardiovascular disease, and elderly care)
- Regional Dominance: North America leads (~37.7% share in 2024), with rapid expansion in Asia-Pacific
- Government Support & Investment: Policies, reimbursement initiatives, and funding for AI and digital health infrastructure are accelerating adoptionon.

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The integration of AI into digital health and social prescribing represents a transformative opportunity. AI can personalise care at scale, identify unmet needs early, optimise referral pathways, and measure outcomes, creating a preventative, community-focused health ecosystem.

Opportunities Identified by GSPA:

- Early identification of individuals at risk of social isolation, mental health deterioration, or lifestyle-related disease
- Optimisation of referral pathways for rapid, accurate connection to local community services
- Evidence-based evaluation and demonstration of return on investment (ROI) for social prescribing programmes
- Reduction of healthcare system burden by preventing escalation of chronic conditions
- Promoting health equity by targeting underserved populations through AI-driven insights

Our vision is clear: to empower communities, strengthen wellbeing, and reduce health inequalities through the responsible adoption of AI within digital health and social prescribing. This position paper outlines the strategic, ethical, and operational frameworks necessary to achieve that vision.

What is Social Prescribing?

Social Prescribing is a holistic approach connecting people to non-clinical community services "prescribing a life, not just medicine." Types of social prescribing include:

Green – Nature-based activities for mental & physical wellbeing (e.g., community gardening, nature walks, forest bathing).

Blue – Water-based activities for health benefits (e.g., wild swimming, coastal walks, river mindfulness).

Arts & Culture – Creative engagement to support emotional health (e.g., art classes, music therapy, theatre, museum visits).

Physical Activity – Tailored movement and exercise (e.g., walking groups, yoga, swimming, dance).

Social & Community – Reducing isolation through connections (e.g., friendship clubs, volunteering, peer support).

Mental Health & Wellbeing – Non-clinical mental health support (e.g., mindfulness, meditation, resilience workshops).

Work & Skills – Building confidence, skills, and purpose (e.g., job clubs, mentoring, skills workshops).

Practical Support – Assistance with daily challenges affecting health (e.g., housing, debt advice, food banks).

Social Prescribing Day 26TH MARCH '26

2. Context and Rationale

Health systems globally face converging pressures:

- Ageing populations and multimorbidity
- Workforce shortages
- Mental health crises
- Health inequalities linked to social determinants

Social prescribing links individuals to non-clinical, community-based support and has proven highly effective in improving wellbeing. AI-enabled digital infrastructure can scale these interventions, personalise them, and provide robust data for evaluation, aligning with the strategic vision of organisations such as the World Health Organization.

3. Defining AI in Digital Health & Social Prescribing

AI in this context includes:

- Predictive analytics for risk stratification
- Natural language processing for triage and referrals
- Recommendation engines for community services
- Conversational agents supporting behaviour change
- Population health dashboards
- Workforce decision-support tools

These systems integrate with electronic health records, community asset directories, and wearable or patient-reported data.

4. Strategic Value Proposition

4.1 Personalised Prevention
AI can identify individuals at risk of:

- Social isolation
- Mental health deterioration
- Lifestyle-related disease

This enables earlier referral to social prescribing interventions such as exercise groups, arts programmes, debt advice, or housing support.

4.2 Health Equity & Inclusion
AI can map deprivation, service gaps, and access barriers, supporting targeted investment in underserved communities. However, equity depends on representative datasets and bias mitigation.

4.3 Workforce Augmentation
AI does not replace link workers or clinicians — it enhances them by:

- Automating administrative tasks
- Matching patients to appropriate services
- Tracking outcomes longitudinally

4.4 Outcomes & Impact Measurement
AI enables real-time evaluation of:

- Wellbeing improvements
- Service utilisation
- Cost avoidance
- Return on investment

5.Use Cases

AI is already beginning to transform multiple areas of healthcare, and its integration with social prescribing opens significant opportunities to improve individual and community wellbeing. In primary care, predictive analytics can identify patients at risk of deteriorating health or social isolation, enabling early referral to relevant community services before issues escalate. In mental health, conversational AI platforms can triage patients efficiently, helping to reduce waiting lists and ensure timely access to support networks or therapeutic programmes.

For older adults, AI can detect signs of loneliness or social disengagement through monitoring patterns of activity or self-reported wellbeing, allowing link workers to facilitate meaningful community engagement that enhances mental and physical health. In people living with long-term conditions, AI-driven behaviour coaching can support self-management, encouraging adherence to care plans and lifestyle interventions, ultimately improving outcomes and quality of life.

At a population health level, AI can analyse large-scale data to identify hotspots of unmet need, guiding social prescribing interventions to areas or groups that would benefit most, ensuring that resources are targeted effectively and health inequalities are addressed. Across all these domains, AI acts as a powerful enabler, helping social prescribing programmes scale intelligently while maintaining the human-centred approach that is essential to their success.

6.Ethical & Governance Considerations

6.1 Data Privacy & Trust
Systems must comply with frameworks such as:

- UK GDPR
- Health data governance standards
- Federated data models where possible

Transparency in data use is essential to maintain public trust.

6.2 Algorithmic Bias
Unchecked AI can exacerbate inequalities if trained on skewed datasets.
Mitigation strategies:

- Diverse training data
- Bias audits
- Community oversight panels

6.3 Human-Centred Design
AI must support — not replace — relational care.
Social prescribing relies on empathy, trust, and lived experience.

6.4 Digital Exclusion
Solutions must account for:

- Low digital literacy
- Language barriers
- Accessibility needs

Hybrid (digital + community) models are essential.

7. Interoperability & Infrastructure

For AI to scale, integration is required across:

- Primary care systems
- Local authorities
- Voluntary sector organisations
- Community asset platforms

Open APIs and shared standards are critical to avoid fragmentation.

8. Economic & System Impact

AI-enabled social prescribing can deliver:

- Reduced hospital admissions
- Lower GP workload
- Improved mental wellbeing
- Increased productivity
- Community economic growth

Investment should be viewed through a prevention dividend lens rather than short-term cost savings.

9. Policy Recommendations

9.1 National AI Frameworks for Prevention
Governments should embed AI within prevention strategies, not solely acute care transformation.
9.2 Social Prescribing Data Infrastructure
Develop national community asset registries powered by AI-enabled matching systems.
9.3 Workforce Training
Upskill link workers, clinicians, and community leaders in:

- AI literacy
- Digital navigation
- Data ethics

9.4 Public-Private Partnerships
Encourage collaboration between:

- Health systems
- AI developers
- Voluntary sector
- Academia

9.5 Outcomes-Based Funding
Adopt payment models tied to wellbeing, not activity.

10. Innovation & Research Priorities

Key areas for continued development:

- Explainable AI in care navigation
- Voice AI for underserved populations
- AI + wearable integration
- Climate & health social prescribing analytics
- Youth mental health digital companions

11. Risks of Inaction

Failure to adopt AI responsibly in social prescribing may result in:

- Escalating healthcare demand
- Workforce burnout
- Inefficient referral pathways
- Widening health inequalities
- Missed prevention opportunities

12. Vision for the Future

We envision an integrated ecosystem where:

- AI identifies need early
- Digital platforms coordinate care
- Link workers deliver human support
- Communities provide solutions
- Outcomes are measured in wellbeing, not illness

AI becomes an enabler of thriving communities, not merely a clinical tool.

13. Conclusion

AI presents a historic opportunity to operationalise prevention at scale. When embedded ethically within digital health and social prescribing, it can:

- Humanise care through personalisation
- Democratise access to community support
- Reduce system strain
- Advance health equity

The priority now is not whether to adopt AI — but how to govern, design, and deploy it responsibly for population wellbeing.

Partnerships & Ecosystem

Building strong collaborations with key stakeholders to enhance healthcare quality, research, and innovation.

Collaborative Network

Government & Regulators:

Ministry of Health programs, public health initiatives

Research & Clinical Partners

Clinical trials, new treatment development

Academic Partners:

Joint research, student training programs

Investors & Innovation

Funding for digital health platforms and pilot projects

Strategic Impact

Collaboration strengthened service quality, expanded research capabilities, and improved organizational resilience, enabling us to deliver better patient outcomes and support long-term healthcare innovation.

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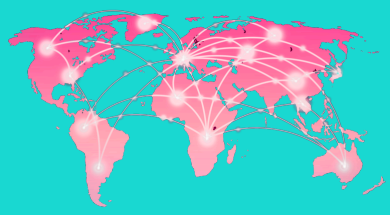

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Let's collaborate for better healthcare.