National Evaluation of the Preventing and Tackling Mental Ill Health through Green Social Prescribing Project

Policy Briefing - Final Report | March 2021 to June 2023

January 2024

Introduction

This Policy Briefing summarises the key findings from the **National Evaluation of the Preventing and Tackling Mental Ill Health through Green Social Prescribing Project** (GSP Project), a two-year £5.77 million cross-governmental initiative focusing on how to improve the use of nature-based settings and activities to promote wellbeing and improve mental health (£4.27M from HM Treasury's Shared Outcomes Fund and £1.50M from various central government departments and external agencies). Partners included: Department of Health and Social Care, Department for Environment, Food and Rural Affairs, Natural England, NHS England, NHS Improvement, Public Health England, Sport England, Department for Levelling Up, Housing & Communities and the National Academy for Social Prescribing. The project tested how to embed Green Social Prescribing (GSP) into communities in seven Test and Learn (T&L) sites in England, running from October 2020 to April 2023, to:

- Improve mental health outcomes.
- Reduce health inequalities.
- Reduce demand on the health and social care system.
- Develop best practice in making green social activities more resilient and accessible.

Aims of the evaluation

- **Aim 1:** To understand the different systems, actors, and processes in each T&L site and how these impact on access to, and potential mental health benefit from, GSP.

Green Social Prescribing (GSP) is the practice of supporting people to engage in nature-based activities to tackle and prevent mental ill health.

Social Prescribing Link Workers, and other trusted professionals in allied roles, connect people to community groups and agencies for practical and emotional support, based on a 'what matters to you' conversation.

There are many different types of nature-based activities and therapies that people may reach through a social prescription. Typical activities include: conservation activities; wilderness focused; horticulture and gardening; care farming; exercise and sport focused; creativity focused; talking therapies in the outdoors; and alternative therapies in the outdoors.

- **Aim 2:** To understand system enablers and barriers to improving access to GSP, particularly for underserved communities.
- **Aim 3:** To understand how GSP is targeted at particular groups, including underserved communities.
- **Aim 4:** To improve understanding of how to successfully embed GSP within delivery and the wider social prescribing policy landscape.

The final report covers: how the GSP Project was implemented at national and local levels; learning about how to scale and spread GSP, drawing on a series of pathways (programme theories) that illustrate what is required to make change happen; the outcomes of the GSP Project for people with mental health needs; value for money; and reflections about partnership working at a national level.

Prepared for the Department for Environment, Food & Rural Affairs (Defra).

Outcomes for people with mental health needs

Overall, **8,339 people with mental health needs were supported to access nature-based activities** through the seven GSP Project Test and Learn pilots. Importantly, the GSP Project was able to **reach a broader range of people compared to many other social prescribing initiatives**, including children and young people aged under 18, ethnic minority populations (21%), and people from socio-economically deprived areas (57% in IMD deciles 1-3). These participants **experienced improved wellbeing when accessing nature-based activities**, indicating that GSP can have a positive impact. Across the seven pilots there was a **statistically significant improvement in wellbeing for each of the ONS4 wellbeing domains** after accessing nature-based activities through the GSP Project.

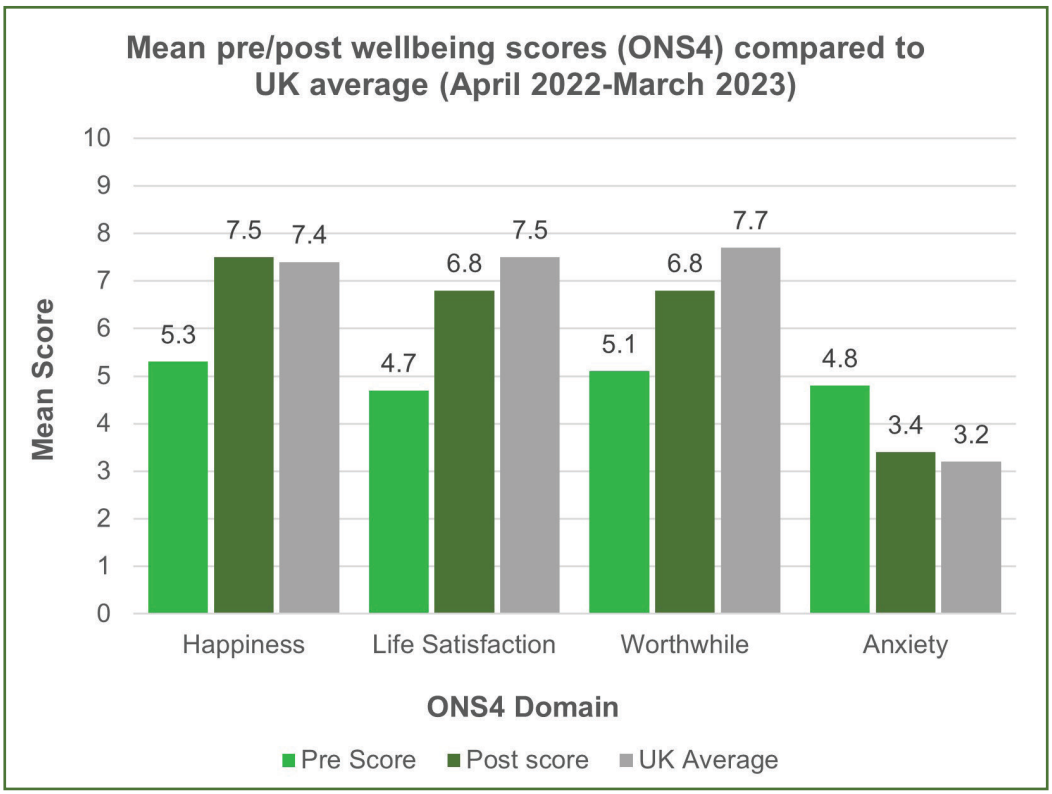
Prior to accessing nature-based activities participants' ***happiness, anxiety, life satisfaction*** and feeling that their ***life was worthwhile*** was much worse than the national average. After accessing nature-based activities this had **improved so that their *happiness* and *anxiety* was in line with the national average**, and the **gap to the national average for levels of *life satisfaction*** and feeling that their ***life was worthwhile*** **had narrowed significantly**.

Value for money

For this evaluation a full cost benefit analysis has not been attempted due to the complexity of the GSP projects and the limitations and partiality of the data that was available. However, high level consideration of the value of some of the benefits identified is presented below.

The **average cost per participant engaged in nature-based activities was £507**. This means that compared with other mental health interventions such as behavioural activation, Cognitive Behavioural Therapy (CBT), early intervention for psychosis and collaborative care for depression, **nature-based activities are a relatively cost-efficient way to support people across a wide spectrum of mental health needs**.

In total the **Test and Learn pilots leveraged £1.66 million** in matched funding, including **from their local health system**, to deliver their projects, **and a further £1.31m to continue their projects in 2023/24** after the GSP Project funding had ended. When the pilot matched funding and in-kind resources were combined, it amounted to an **extra £2.98m**: an **additional 52 pence (£0.52) for every pound (£1) invested in the project by the Shared Outcomes Fund and national partners**.



WELLBYs were used to estimate **the value of improvements in individual life satisfaction** experienced following participation in nature-based activities. The central estimated value of WELLBYs created through the GSP Project was £14.0 million. This means that the estimated social return on investment of the GSP project was **£2.42 per £1 invested** by HM Treasury Shared Outcomes Fund and national partners. If resources leveraged by the Test and Learn sites are included, the social return on investment was estimated to be **£1.88 of wellbeing for individual participants for every £1 invested** in the project overall.

Key learning about how to scale and spread Green Social Prescribing

Key learning from the evaluation was expressed through 11 realist programme theories about how GSP can be successfully embedded in localities to tackle and prevent mental ill-health. These are summarised below.

1. **There is a need for new commissioning and procurement arrangements to ensure that nature-based providers can be embedded within health service delivery and the wider social prescribing landscape.** This requires ending precarious, short term and piecemeal funding for voluntary, community and social enterprise (VCSE) organisations. The GSP Project demonstrated how advocacy, at different levels (local, regional, national), and co-designed approaches to addressing funding challenges, can lead to more joined-up commissioning processes that mean green providers can work together on funding bids.
2. **When political and strategic influence is directed to support GSP it can lead to shifts in policy and budgeting.** Cross governmental commitment nationally has provided critical leadership support and funding for GSP. Locally, GSP Project leaders have influenced local practices, systems and cultures and leveraged additional funding to support GSP. There is now greater connection and understanding between parts of the system in relation to GSP, allowing priorities to become aligned and for power imbalances between sectors to be lessened.
3. **It is necessary to grow and develop nature-based providers to ensure there are a range of appropriate, diverse, geographically spread GSP opportunities.** Connectivity between nature-based providers and the social prescribing system (i.e., Link Workers) was sometimes limited, leading to low levels of referral. This can be improved through better communication, targeted funding and investment for nature-based providers, co-design of referral pathways and the introduction and maintenance of "trusted provider" information resources. Support for nature-based providers to work together to develop collective funding bids is also critical.
4. **There is a need to remove barriers and create aligned structures, to ensure coherence and clarity of roles and responsibilities across the system.** Multiple interdependencies are necessary for the GSP system to 'work'. The lack of alignment of ambitions, systems and processes poses challenges to delivery, and addressing these was a key component of all seven pilots. Collaborations between relevant partners were built, and efforts made to clarify roles and responsibilities. Steps were taken to agree shared ambitions, ways of working and indicators of success. However, some of the most important systemic misalignments such as sustainable funding and investment will take longer to address.
5. **Improvements to the gathering and sharing of data about GSP outputs and outcomes are necessary to build confidence in the efficacy of GSP.** There is a persistent perception at local and national level that evidence for GSP is not sufficiently compelling or rigorous and a lack of agreement around what evidence is needed. The complexity of GSP poses multiple data collection challenges. Training, guidance, and payments to support data collection were provided but these challenges remained. It is likely that data collection and reporting will remain challenging for smaller VCSE organisations regardless of the support provided. Technical solutions offer some hope and securing funding for these to be implemented consistently was seen as a vital milestone for some pilots.
6. **There is a need to improve information flow and feedback loops between providers, Link Workers (LWs), referrers and funders to create more efficient and effective pathways.** Relationships between providers, Link Workers, referrers and funders can be fractured and dispersed, with reliance on key individuals. Participants can drop-out or disengage across social prescribing pathways if they are not appropriately supported. The GSP project

legitimised collaborative activity between the health and VCSE sector but in many cases referral feedback loops (between community and health services and back again) remained underdeveloped and reliant on personal relationships. Improving understanding and communicating about what levels of need can be supported by which activities was an important enabling factor along with 'Active' link working, where people are accompanied to the first session.

7. **Mutual accountability and shared problem-solving is necessary to enhance service users' experiences, but this requires trust and respect so that people understand and are aware of how different actors in the system may operate.** Initially, there was a lack of mutual awareness and understanding between GSP partners, particularly between the NHS and VCSE sectors, leading to few referrals through formal SP referral routes and a lack of partnership working and coordination. To overcome this the GSP Project invested in partnership activities including, co-design, provider networks, trusted provider schemes, taster sessions, training, and outreach to nature-based providers. Innovative funding approaches such as green health budgets were also explored. Challenges to these activities' success included limited capacity, balancing meaningful co-production with a need to 'get things done' in short timescales, building shared understanding, keeping provider lists and directories up to date, stretched LW capacity, and the complexity and severity of participant need.

8. **Building referrers' capability, opportunity and motivation to refer to GSP will improve access to appropriate green opportunities.** At the start of the project, many pilots reported a lack of clarity around what activities were available to whom and how referrals could be made. LW provision is fragmented with multiple employers and little coordination or data sharing. LWs often were unaware of the specifics of GSP. Self-referral was the most common route to nature-based activities across all pilots. Pilots provided training and taster sessions to increase awareness. Nature-based providers offered peer support, buddying, and befriending to support people to engage in activities, and pilots undertook work to understand specific needs and barriers. However, LW capacity remains stretched, and support for alternative modes of referral - including self- and community-referral - will be important.

9. **Equitable access to appropriate green opportunities requires decision making through an inequalities and instructional lens.** Not all nature-based activities are culturally appropriate or relevant for some communities and meaningfully engaging under-represented groups can be challenging, particularly when they do not have ready access to green spaces. Pilots worked to harness existing local and national networks with strategic partners to explore approaches to tackling inequalities and target key groups. They also developed public communications to promote the benefits of green activities to a diverse audience. Dedicated activities and groups were established to meet the needs of diverse groups, including ethnic minority communities. These efforts demonstrated that significant commitment and resources are needed to meaningfully explore inequalities in access and provision and facilitate meaningful engagement of people most likely to experience health inequalities.

10. **User voice can ensure green social prescribing is person-centred by illuminating the changes needed across the pathway.** The involvement of people with lived experience of mental ill health or service use was an ambition for all pilot sites, but involvement strategies appeared to be underdeveloped. There were some examples of co-production and involvement, for example around funding decisions, and the inclusion of a person with lived experience on the national Partnership Board was novel. A small number of pilots involved people with lived experience in their design, delivery, and governance, and one included such people in the review and quality assurance process. There was little resource to support involvement, and it is unclear the extent to which people actually influenced decision making.

11. **Ensuring service users have a positive experience across the GSP pathway is vital if numbers of referrals are to increase.** In each pilot there were examples of service users disengaging with GSP at different points of the social prescribing pathway. Barriers to engagement included poverty, a lack of access to transport or equipment, and deterioration in mental health status. These barriers may disproportionally affect marginalised groups. Pilots worked to understand levels of participant need and potential barriers, providing tailored support, such as buddy schemes, and a consistent contact for users across the pathway.

Practical barriers such as transport and kit/ equipment were addressed. Training for nature-based providers to support mental health referrals and recording the capability of providers to address different needs in directories, can help ensure referrals are made to appropriate providers.

Reflections from the Green Social Prescribing National Partnership

Key learning for HMT and others undertaking large scale systems change projects similar to this are:

- Guidance and good practice / learning for future projects would be helpful but getting the balance right and having enough of the right kinds of groups to facilitate good decisions and mutual understanding was important.
- Central co-funding (rather than a single lead department) was perceived to be helpful to enable more effective cooperation and shared ownership of the project.
- Time to clarify aims is needed for cross-government projects, rather than pressure to deliver and spend allocated budgets. Otherwise, this created risks for delivery and success.
- Recognition of the scale and nature of 'systems change' work and the need for two-way communication between localities and central government is important.
- Early adoption and implementation of an appropriate framework for evaluation that measures what is important and relevant to the ambitions of the project is vital.

Conclusions and recommendations

Nature-based activities are complex interventions, operating within the complex social prescribing system. The GSP **Project took place against a backdrop of other challenges**, such as the COVID-19 pandemic, cost of living crisis, pressures within the NHS and structural shifts to establish ICBs/ICSs. **Scaling up and embedding in this context and with multiple partners and operating models is challenging,** especially in a short timeline.

Pilots undertook a huge amount of work to scale up and embed GSP within their localities, focusing on specific activities to bring about systems change. **The role of the Project Manager was pivotal in providing leadership and influencing local culture.** Most sites provided direct funding to green providers or supported solutions to locally identified barriers to access (e.g., transport) and provided training opportunities for GSP system partners. **Approaches to link up and build understanding and trust between different parts of the system were key**, as well as supporting or establishing networks for nature-based providers.

There were important efforts to ensure that **visions and structures for GSP were agreed and aligned**. Developing **trusted provider directories** helped to ensure that there was a match between participant need, and the activities provided, as well as helping referrers to feel confident to refer. **Feedback loops**, allowing information to pass in both directions between referrers and VCSE groups can help support participants, while buddy systems may help people to reach initial activity sessions. Sites were successful in increasing the number of people using GSP pathways locally, and in **reaching a wider diversity of people than is typical for social prescribing** - this was largely achieved through specific targeting activities, roles, and collaboration with local community groups. Where prioritised, new referral pathways were developed, including those from mental health services.

Key challenges remain around short term funding cycles for VCSE nature-based delivery, particularly for smaller organisations. Investment and funding, including commissioning and procurement arrangements, remains a critical issue to ensure longevity of progress and appropriate levels of support for VCSE groups. Activities focusing on networking, **relationship building, partnership work and advocacy for GSP were key**, but two years is a short time frame to achieve systems change, including developing shared visions and aligned structures, and other pressures prevented some partners from fully engaging with the GSP Project. Co-design activities to refine referral pathways and develop funding bids also proved more time consuming than expected, **and trade-offs needed to be made between getting things done and ensuring there was meaningful engagement and co production**. In some cases, this also limited meaningful engagement of people with relevant lived experience in decision making and planning. There were also some tensions balancing activities to support relationship building,

coproduction, and systems change with the need to provide data about mental health impact on those who participate in nature-based activities.

Agreeing, establishing, and resourcing data systems that can best capture movement of people through the GSP system, understand drop-out, and provide robust evidence of impact on participants remains a challenge. As GSP structures operate across multiple locations and organisations, potential problems, and their solutions, may be place specific. There is also a need to understand and agree the priority data needs among partners, and ensure sufficient resources are available to support quality data collection. Feedback loops across the system can improve understanding and participant experience, but this may be hampered by capacity and workload issues. **Link Workers and other referrers have high workloads** and may be seeing people with complex and urgent needs, limiting capacity to engage with GSP. **Investment and time are required to build trust and resilience within the GSP system**.

Endnote: Evaluation methods

Conducted in 2021-2023 by researchers from the Universities of Sheffield, Sheffield Hallam, Exeter and Plymouth. Mixed-methods, realist-informed evaluation methodology was used to assess processes and outcomes at the national and local levels, and improve understanding of what works, for whom, in what circumstances and why. The project consisted of seven interlinked work packages (WPs).

WP 1	Scoping: phase to design and develop the evaluation framework.
WP 2	Evidence synthesis and development of local theories of change.
WP 3	A mixed methods in-depth evaluation of the 7 Test and Learn sites: • 3A Quantitative data. Surveys and monitoring data. • 3B Qualitative data. Observational data, interview data.
WP 4	Light touch qualitative evaluation of non-test and learn sites.
WP 5	Qualitative evaluation of National Programme Partnership. Interviews and workshops.
WP 6	Value for money assessment.
WP 7	Integration of work packages and dissemination. Synthesis of WP 1-6.

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