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

Final Report Summary[1] | March 2021 to June 2023
January 2024

Key statistics about the Green Social Prescribing Project

- 8,339 people with mental health needs were supported to access nature-based activities.
- 57% of participants were from the most socio-economically deprived areas.
- 21% of participants were from ethnic minority populations.
- Statistically significant improvements in wellbeing (ONS4) following nature-based activities:
  - Happiness increased from an average of 5.3 to 7.5.
  - Life satisfaction increased from an average of 4.7 to 6.8.
  - Feeling that life is worthwhile increased from an average of 5.1 to 6.8.
  - Levels of anxiety reduced from an average of 4.8 to 3.4.
- In one pilot Depression symptoms reduced from 8.1 to 5.6 and anxiety decreased from 11.1 to 8.5 (Hospital Anxiety and Depression Scale).
- In another pilot levels of physical activity following a nature-based activity increased from 84% to 95%.
- Estimated social return on investment of £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 estimated social return on investment is £1.88 for every £1 invested in the project overall.

1. Introduction

This is a summary of the final output from the **National Evaluation of the Preventing and Tackling Mental Ill Health through Green Social Prescribing Project** (GSP Project), a two-year £5.77m cross-governmental initiative focusing on how to improve the use of nature-based settings and activities to promote wellbeing and improve mental health. Funding was provided through **HM Treasury's Shared Outcomes Fund and various central government departments and external agencies**. The report, based on an extensive mixed-methods, realist-informed evaluation methodology, covers: how the GSP Project was implemented at national and local levels; learning about how to scale and spread GSP, including 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.

For this project, 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.

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

2. The evaluation

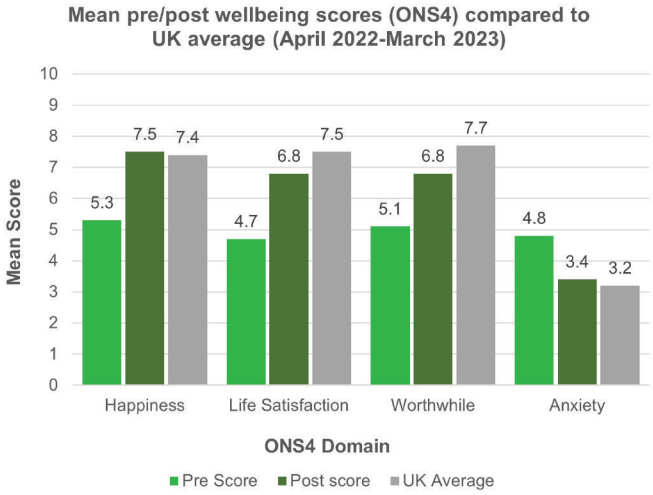
The evaluation was conducted by a team of researchers from the University of Sheffield, Sheffield Hallam University, the University of Exeter, and the University of Plymouth. It used a mixed method approach to assess processes and outcomes at the national and local levels, and improve understanding of what works, for whom, in what circumstances and why. The four specific aims of the evaluation were:

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

3. Understanding 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 initiative**s, 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**.



One site utilised the **Hospital Anxiety and Depression Scale** (HADS) alongside the ONS4 which showed a statistically significant improvement in both anxiety and depression symptoms. A score greater than eight indicates a person has a clinical level of depression or anxiety. Depression symptoms reduced from 8.1 to 5.6 and anxiety decreased from 11.1 to 8.5. The baseline scores were not particularly high **indicating that GSP was supporting people primarily with pre-determinant and moderate mental health issues**.

Two sites utilised the nature connectedness outcome measure. **T&L2 showed an improvement in nature-connectedness**, whilst T&L6 showed no improvement. This indicates that further exploration is needed to understand the impact of GSP on nature connectedness.

One site collected physical activity data and showed a **statistically significant improvement in people increasing their physical activity following a nature-based activity** (from 84.2 per cent in the seven days before the activity to 94.7 per cent post activity).

Because the data was collected in routine settings and not for everyone who accessed GSP, it is unknown how representative the data is. However, our findings are consistent with the wider literature that nature-based activity does have a positive impact on people's mental health which provides confidence in the findings.

4. Understanding the value for money of the Green Social Prescribing Project

Value for money evaluation aims to make a judgement about the economy, efficiency, effectiveness, and equity of investments compared to 'business as usual'. In whole systems approaches like the GSP project a **nuanced and context sensitive approach is needed** to take account of the **wide variation in inputs, activities, outputs, and outcomes** involved and the **multi-scalar dimensions of delivery** (i.e., national government departments and partners, Integrated Care System, nature-based providers).

GSP project level findings

The **£5.77m GSP project funding** included £4.27 million from the HM Treasury Shared Outcomes Fund and £1.5 million from national partners. This funding was spent in a variety of ways. Locally, **£3.5m was invested in seven Test and Learn sites** who chose to spend the money on numerous components of project delivery to support systems change and nature-based activity delivery. The two most prominent areas of expenditure were **project management** and **investment in the capacity of nature-based providers**. The remaining resource was invested in **evaluation, a programme of national research and additional national support and resources** to support the scale, spread and sustainability of GSP.

Matched funding and **in-kind resources** were a key feature of the added value of the Test and Learn sites. The **Test and Learn sites leveraged £1.66 million** in matched funding (£1.48m) from public sector and philanthropic sources and in-kind resources (£0.18m) from local partners. They were also able to **secure investment from their local health system and other sources worth £1.31m to continue their projects in 2023/24** after the Shared Outcomes Fund investment had ended.

When all of the matched funding and in-kind resources at a site level are combined, it amounts to an **extra £2.98m**, equating to an **additional 52 pence (£0.52) for every pound (£1) invested in by the Shared Outcomes Fund and national partners and 85 pence (£0.85) for every pound (£1) directly invested at a site level**.

Project level outputs were assessed through **the number of people participating in nature-based activities in each Test and Learn site**. Based on 8,339 people participating in nature-based activities through the GSP project, the **cost per output (cost-efficiency) was £419 per person participating in nature-based activities**. This varied between sites from £223 to £4,201 reflecting the respective focus and activities undertaken by different projects. Whereas some sites provided grants to large numbers of nature-based providers to support the project others placed more emphasis on systems change and collaboration. This means comparison between sites of their relative cost-efficiency is not advised.

Nature-based provider level findings

Nature-based activities were **delivered through direct investment from the Test and Learn sites and income and resources leveraged from other sources**. Activities ranged in scale from very small (expenditure £4,500) to projects on a much larger scale (£81,364). The **additional funding and resource brought to the GSP project by providers has an added value of 67 pence for every pound (£1)** invested by the Test and Learn sites. Five providers brought in more resources than they received, up to an additional five pounds and twenty-seven pence (£5.27) for every pound (£) invested.

Nature-based providers supported between 12 and 183 people depending on the level of resources they had, and the severity of mental health their project targeted. The **average cost per participant engaged in nature-based activities was £507** but costs ranged from £97 to £1,481. The **average cost per mental health or wellbeing outcome improvement was £619** with costs ranging from £225 to £1,777.

Compared with other interventions for people with mental health needs such as behavioural activation (£231- £250 for ten sessions), Cognitive Behavioural Therapy - CBT (£1,060 for ten sessions), early intervention for psychosis (£4,043 for the first year) and collaborative care for depression (£858 over six months), **nature-based activities appear to be a relatively cost-efficient way to support people across a wide spectrum of mental health needs**. It is important to recognise, however, that for many people, the most appropriate course of action to support their mental health will be to access different types of intervention in combination.

Social prescribing Link Workers

The average cost of a social prescribing Link Worker referral was relatively consistent across the Test and Learn sites, ranging from £145 to £163. This means the **'full cost' of making a GSP referral** (the combined cost of a GP appointment, Link Worker referral and participation in nature-based activities) **is estimated to range from £284 to £1,686**. This wide range reflects the broad spectrum of mental health needs that these activities cater for, with those offering universal access or catering for people with predominantly mild mental health needs tending to cost less to deliver per person than those for people with moderate and more severe needs. Looking across the **green social prescribing pathway, the evidence suggests that GSP can be considered a relatively cost-efficient intervention when compared to other types of support for people with similar mental health needs**.

Valuing the benefits of GSP

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 benefits of the GSP project can be valued monetarily in a number of ways. 1) They can be valued in terms of **matched and in-kind investment in projects and activities**, as outlined above. 2) They can be valued in terms of value to the health system and **savings associated with preventing or reducing the need for more acute forms of care**. As nature-based activities are relatively low cost, it would not take many episodes of acute care to be prevented (less than ten) per provider for them to save more resources than they cost to deliver. 3) They can be valued in terms of **the wider economy, which is actually where most of the costs of mental ill-health fall**. This means a future public investment case for GSP should consider the potential value of these wider benefits rather than a narrow focus on savings to the health system. 4) They can be valued in terms of **what matters to individuals**, staying true to the founding principles of social prescribing.

We used a WELLBY (wellbeing-adjusted life year) approach to estimate **the value of benefits to individuals based on improvements in individual life satisfaction** experienced following participation in nature-based activities. Allowing for sensitivity adjustments to prevent overclaiming, the value of WELLBYs estimated to have been created through the GSP project ranged from £7.6 million to £23.3 million, with a central estimate of £14 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.

5. Key learning and recommendations about how to scale and spread Green Social Prescribing

The key learning about how to scale and spread GSP has been generated through analysis of the qualitative evidence about the work undertaken by the Test and Learn sites and augmented with other sources of data collected across the evaluation.

i. **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.

   Recommendations: a) support should be provided for new collaboratives and networks to develop funding bids, particularly those that include dedicated co-design work amongst partners and participants; b) as self-referrals are important for green providers, more awareness raising about the benefits of GSP to the public and community groups would be useful.

ii. **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.

Recommendations: a) ongoing, cross-government support and promotion for GSP is required, recognising that systems change takes time; b) ensure that GSP is recognised in key strategies and policies; c) resourced staff are required with responsibility to drive a programme of work in localities, and for specific key roles developing the system and building relationships.

iii. **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.

Recommendations: a) sufficient funds should be invested to ensure basic practical elements for organisations and participants are available, such as equipment, transport and personal support; b) it is important to develop a collective vision and action for provider availability and deployment, and for that vision to be clearly articulated across all elements of the system.

iv. **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.

Recommendations: a) strategic, systemic, and procedural alignment is a fundamentally important factor and should be considered in the scale up and out of GSP; b) a plural, systems level approach needs to be used, backed up with sufficient time and resources, and those with the power to address key factors (such as funding/commissioning) must be involved; c) perverse incentives, such as rapid ongoing cycles of change, that make working towards alignment an irrational option should be addressed.

v. **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 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.

Recommendations: a) commissioners should critically review what data is needed and for what purpose ensuring that requests for data are proportionate and relevant to the work being commissioned. Where possible, evaluation frameworks should be co-produced and reviewed regularly; b) greater clarity from commissioners around specific requirements for data collection and evidence. Whatever these requirements, sufficient relevant training (and data templates) should be delivered to organisations expected to conform; c) resourcing a role, or part of a role, around data collection and collation is key to sustainability of evidence generation.

vi. **There is a need to improve information flow and feedback loops between providers, Link Workers, 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.

Recommendations: a) resourcing networks should have longevity and outlast the GSP programme, as well as being a tangible commitment; b) need to expand the existing model of networks through pooling resources and increasing buy-in from external partners; c) need to develop and build strategic links to further increase the resilience of provider networks, potentially a 'web of webs' necessary to connect to wider strategies.

vii. **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 Link Worker capacity, and the complexity and severity of participant need.

Recommendations: a) Investment in partnerships, collaboration and knowledge sharing opportunities is required; b) diverse partnership in decision making fora may require creative solutions to ensure that appropriate representation for all key partners is possible; c) initial codesign work can ensure that partner and community needs and priorities are incorporated - time to do this well is required; d) partners need to be flexible and responsive to innovation if mutual accountability and shared problem solving is to develop.

viii. **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. Link Worker provision is fragmented with multiple employers and little coordination or data sharing. Link Workers were often 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, Link Worker capacity remains stretched, and support for alternative modes of referral - including self- and community-referral - will be important.

Recommendations: a) clear locality-wide guidance to bridge information and understanding between referrers and nature-based providers would be helpful; b) allocate enough time and resource to meaningfully explore inequalities in access and provision; c) improve training and access to support for those involved in provisioning GSP in key areas such as dealing with complex mental health needs and assessing risk; d) ensure that activities targeting communities reflect the diversity of those communities both in planning and delivery.

ix. **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.

Recommendations: a) involve people most likely to be subject to health inequalities at every stage of the process, including question setting and commissioning services; b) allocate enough time and resource to meaningfully explore inequalities in access and provision; c) improve training and access to support for those involved in provisioning GSP in key areas, such as dealing with complex mental health needs and assessing risk; d) ensure that activities targeting communities reflect the diversity of those communities both in planning and delivery.

x. **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.

Recommendations: a) follow established principles of user involvement; b) sufficiently resource strategies and activities; c) sufficiently empower individuals to contribute; d) ensure involvement is sufficiently broad and deep.

xi. **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 access to 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.

Recommendations: a) providing patient centred care is central to understanding participant needs; b) the cost-of-living crisis has a disproportionate and uneven impact upon service users. Individual needs assessments allow tailored and specific support for people with higher or more complex needs; c) creative approaches are needed to support service users through the GSP system, and there must be resources to allow these approaches to be used strategically; d) greater understanding of the disproportionate challenges faced by service users should inform the strategic allocation of resources to better support them through the GSP system.

6. Reflections from the Green Social Prescribing National Partnership

The **main benefits and outcomes of being involved with the GSP project**, according to partners, were associated with bilateral and collective experiences of working together which partners felt would last beyond the project. In terms of GSP itself, partners said that the project had helped to position GSP in national policies / policy documents and some strategies, there was extensive new evidence from the project and the evaluation about GSP and how to overcome some of the barriers experienced in localities. The project had also reached people with mental health difficulties and boosted the recognition and perception of GSP in the sites and more widely.

Partners **had experienced a range of challenges** in managing and delivering the project, many of which extend from significant issues such as clarifying and agreeing the aims of the project across the partnership and with localities. These had implications for project delivery and associated evaluation and evidence strands. The reasons for these challenges were linked to the

COVID-19 pandemic; the limited time available to the partners in which to 'form, storm, norm'; some significant levels of staff turnover limited ability of some organisations to engage extensively in the partnership in the early stages.

Key **challenges for the test and learn sites**, according to partners, were associated with delivering 'systems change' in the context of the COVID-19 pandemic, during a wider NHS reorganisation in short timeframes. The project was extremely ambitious given these circumstances. The reset of the aims and focus that was negotiated during the project with localities caused some delay and confusion and some tensions, but these were not longstanding. Partners were aware of the challenges of delivery during a cost-of-living crisis and of the high levels of mental health needs that Link Workers and providers had to deal with which may have affected take up of GSP.

Looking ahead, partners felt that there were a number of **opportunities and enablers for scaling and spreading GSP**, but it had not been possible to explore these within the timeframes available. Key opportunities and enablers included: the continued national partnership, sharing tools and resources emerging from the project, new evidence for example the NIHR research, a new NASP project on shared funding mechanisms and development of NHS led social prescribing digital infrastructure improvements to NHS digital systems, which will support efforts to track individuals accessing green provision. Meanwhile, wider opportunities / potential enablers included the high level of ministerial interest in social prescribing; recognition for social prescribing in key policies; and the potential for reframing GSP in relation to different policy agendas.

There are a **range of challenges that need to be addressed to enable wider scaling up of GSP** nationally. Partners reflected that sustainable funding models and a lack of clinical style evidence of the impact of GSP were key challenges that the project had not been able to address. They also identified other challenges including: the renewal of the GP contract and the precarious nature of Link Worker funding; and unequal access to quality green and blue spaces across England, particularly for communities that need it the most.

Partners were **clear on the potential benefits of GSP** including mental health and wellbeing, physical health, work readiness and continuity, personal resilience and self-management, reduced carer burden. Through self-management and resilience, GSP was expected to contribute to the personalisation agenda and national health policies and associated health transformations. Greater provision of opportunities and investment in green infrastructure was also associated with the levelling up policy agenda, health inequalities and community empowerment. Meanwhile there were a range of outcomes for nature associated with greater recognition and valuing of nature such as pro-environmental behaviour change on the part of the public, service commissioners and other institutions.

Key learning for undertaking large scale systems change projects like 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.

7. Conclusions

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 modus operandi is challenging, especially in a short timeline.

Sites undertook a huge amount of work to scale up and embed GSP within their localities, focusing on specific activities - both around engendering systems change to enable GSP activity, and providing opportunities for nature-based providers -

in response to local context. The role of the Project Manager was pivotal in providing leadership and influencing local culture. Most sites provided direct funding grants 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 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 targeted 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 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 mutual trust, 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, with trade-offs 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 tensions around balancing activities to support relationship building, coproduction, and systems change with the need to provide data about MH impact on those who participate in nature-based activities. Working with local communities is key.

Data collection also faces challenges - it is still not possible to trace people through the GSP system, and data collection by VCSE providers requires training and resourcing, as well as ensuring that purposes are agreed, and the burden proportionate. Link Workers' capacity is stretched, and many are seeing people with urgent or complex needs. Investment and time are required to build trust and resilience within the GSP system.

Appendix: Summary of key findings, learning and recommendations about how to scale and spread Green Social Prescribing

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.

Context at the start of the GSP Project:

- **Strategic level:** Nature-based providers were funded in a fragmented, unsustainable way, resulting in fragility and competition.
- **Operational level:** Precarious, short-term funding cycles were a barrier to GSP engagement and sustainability. Sustained collaboration was hard to achieve due to high levels of staff turnover.
- **T&L sites:** Smaller or micro-providers were often unheard and faced the greatest challenges.

Activities & achievements	Challenges	Implications	Recommendations
• **Regionally**: Representatives from Test and Learn (T&L) sites were able to contribute to strategic discussions on both GSP and Social Prescribing. Creation of co-design forums around commissioning issues to develop strategies. • **T&L sites**: better understanding of appropriateness of referrals; matching need with provision through trusted provider systems/databases; new strategies to redistribute existing funding – green health budgets, personal health budgets linked to nature-based providers. • External funding leveraged on the success of the GSP programme.	• Cyclical challenge of less investment meaning less time and resource to seek further funding. • Increasing complexity of need among those referred; multiple, diverse funding streams with different reporting standards. • Success is often measured in outcomes, yet processes required to get to the point of delivery often took significant time commitment and resource. • Inter-organisational differences in structure, working and timeframes can be challenging. • Concurrent challenges of Covid and ICS/ICB restructuring impacted on commissioning.	• To communicate the difficulties and impacts of short-term funding cycles, it is important to embed those active in GSP across system-wide networks. • There are specific challenges faced by smaller organisations compared to larger ones, so providing additional support to allow those to engage is important.	• Support should be provided for new collaboratives and networks to develop funding bids, particularly those that include dedicated co-design work amongst partners and participants. • As self-referrals are important for green providers, more awareness raising about the benefits of GSP to the public and community groups would be useful.

2. When political and strategic influence is directed to support GSP it can lead to shifts in policy and budgeting.

Context at the start of the GSP Project:

- **Strategic level**: Lack of awareness and recognition of GSP resulting in lack of leadership and investment.
- **Operational level**: Lack of link up between parts of the GSP system – particularly between (small) VCSE organisations and statutory sector.
- Establishment of ICSs and ICBs to replace CCGs as part of the Health and Care Act 2022. NHS and Local Authorities were required to divert strategic leadership and management due to the Covid pandemic in their local footprints.
- Cost of living crisis, NHS pressures.

Activities & achievements	Challenges	Implications	Recommendations
• **Nationally**: GSP project with cross departmental support provided critical leadership, support and funding which provided legitimacy and helped localities gain buy-in for GSP. • Importance and commitment to scaling up visible through GSP presence in strategy and policy documents (e.g., Environmental Improvement Plan). • **Test and Learn sites**: Role of the project manager(s) was pivotal providing leadership, direction and influencing the culture locally. • GSP steering/management groups involved a wide range of strategic partners. • Networking, relationship building, partnership work and advocacy was key - some sites funded posts for this role. • VCSE partners embedded in strategic decision-making structures. • Ensuring GSP and learning from the T&L pilot is embedded in key strategy documents locally (e.g., ICS Green Plans, Public Health strategies) • Leveraging other funding, for example with aligned projects, to support GSP.	• A two-year project is short to achieve systems change to embed GSP. • Other pressures reduced the capacity of some stakeholders to engage with the GSP project. • Translating enthusiasm into resource commitment. • 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.	• To get strategic, political buy-in requires motivated people driving the agenda, as well as evidence for the value of GSP. • Leadership with explicit accountability and investment is required. • Influencing systems change, networking and relationship-building and strategic thinking takes time, and sites need to be given time to build on and embed what has been achieved. • Getting GSP embedded in policy is necessary but not sufficient – requires commitment about how to support and fund it. • VCSE partners, including smaller organisations, need to be part of strategic decision making.	• On going, cross-government support and promotion for GSP is required, recognising that systems change takes time. • Ensure that GSP is recognised in key strategies and policies. • Resourced staff are required with responsibility to drive a programme of work in localities, and for specific key roles developing the system and building relationships.

3. It is necessary to grow and develop nature-based providers to ensure there are a range of appropriate, diverse, geographically spread GSP opportunities.

Context at the start of the GSP Project:

- **Test and learn sites**: Overall, sites reported that there was good coverage of nature-based providers and delivery capacity is often high.
- Connectivity and link up with social prescribing and the ability of nature-based providers to receive referrals was sometimes insufficient.
- Fragmentation and variability across the system is compounded by a lack of communication between elements of the system around capacity, availability, and appropriateness of referrals.
- Site reports varied in their experience; one site found issues of inequity, with small providers unable to engage in the same way or to the same extent as larger groups, and so were impacted by the above issues more than others. Another site reported a broad, linked, and sufficient provision of green providers within the system.

Activities & achievements	Challenges	Implications	Recommendations
• **Nationally**: If programmes are to be delivered and build capacity there needs to be dedicated and accessible funding and investment in the organisations that provide them. • **Locally**: Increasing capacity must be accompanied by training resources for those involved, and any increase should be matched to an assessment of need in local areas. If provision is to be sufficient then funds are needed in order to provide basic practical elements for organisations and participants, transport, equipment and similar. • **T&L sites**: Referral pathway refinements through co-design work and awareness raising activities allow for existing provision to be more appropriately used and for increases in capacity to be best allocated. • Successful efforts matched need and availability, via a trusted provider list and directory of activities categorised by the level of provision they can support, to increase awareness of support available and to allocate resources. • Funds, even nominal amounts, validate involvement in activities and other input often undertaken for free, and legitimise existing activities. • Sites reported the importance of a collective vision (and collective action) for provider availability and deployment, and for that vision to be clearly articulated across all elements of the system. • Some sites presented referral pathways as 'additional' to existing routes through services, and maintained the nuance in presenting these offers to various health organisations.	• Time was the most important resource. The time individuals put into developing and refining pathways and seeking funding validates these activities to other elements of the system, but often more time was required than had been expected. • Time from those in the Voluntary, Community & Social Enterprise (VCSE) sector to develop funding proposals was critical to ensuring sufficient provision. Some senior strategic partners lacked time, which was problematic. • The number and type of referrals impacted on sites' ability to harness nature-based assets in the system. • The shift in focus towards mental health referrals throughout the GSP programme had an impact on the shared vision amongst partners and therefore on provision link up and sufficiency.	• The validation achieved through funding allows staffing resources and dedicated time to be allocated to social prescribing activities that would otherwise not be possible. This allows for greater input and creates a virtuous circle of involvement. • Increased levels of matching need to provision enables a greater proportion of cohorts to be allocated appropriate activities or redirected to other parts of the system, increasing flow. • An increase in the number of appropriate, successful, and large funding applications from the VCSE sector increases provision and therefore throughput, and also contributes to the virtuous cycle of involvement noted above. • Buy-in from senior strategic partners further validates involvement, raises awareness across a wider set of stakeholders, and further enables pathways to provide appropriate support at the right time for the right groups of people.	• Sufficient funds should be invested to ensure basic practical elements for organisations and participants are available, such as equipment, transport and personal support. • It is important to develop a collective vision and action for provider availability and deployment, and for that vision to be clearly articulated across all elements of the system.

4. There is a need to remove barriers and create aligned structures to ensure coherence and clarity of roles and responsibilities across the system.

Context at the start of the GSP Project:

- GSP is complex intervention within a complex system, this relates to the interdependencies between the actors involved, the variation in practice within and between areas, and the dynamism of the system.
- Strategic, systemic, and procedural alignment can be important when working towards a common goal.
- There is evidence of a lack of strategic, systemic, and procedural alignment in relation to GSP.

Activities & achievements	Challenges	Implications	Recommendations
• **Nationally**: A key element of the cross-departmental T&L programme call was to address misalignment at a local level. • **Locally**: All sites recognised the need for alignment and integrated relevant activities into their plans for the T&L programme. • **T&L sites**: Building awareness and understanding of GSP and systemic and procedural issues was a key component of all pilots. • Efforts were made to co-develop and establish shared ambitions between actors in each pilot site. • Some aspects of mis-aligned systems and tools, such as funding and data capture and transfer, were addressed by some pilots. • All T&L sites sought to clarify and develop responsibilities and accountabilities to achieve strategic alignment of GSP.	• The time frame of the T&L programme was insufficient to create and embed greater alignment. • Perverse incentives (such as rapid cycles of ongoing change) that prevent alignment were not addressed. • There was not the power to address some of the most important systemic misalignments (such as funding) amongst the GSP stakeholders.	• Resources are needed to ensure that the progress made in alignment through the T&L programme is not lost and is instead capitalised on. • Sufficient time to build alignment is needed. • Those with power to change some of the underlying factors preventing GSP alignment need to be more involved.	• Strategic, systemic, and procedural alignment is a fundamentally important factor and should be considered in the scale up and out of GSP. • A plural, systems level approach needs to be used, backed up with sufficient time and resources, and those with the power to address key factors (such as funding/ commissioning) must be involved. • Perverse incentives, such as rapid ongoing cycles of change, that make working towards alignment an irrational option should be addressed.

5. Improvements to the gathering and sharing of data about GSP outputs and outcomes are necessary to build confidence in the efficacy of GSP to support people with mental ill health.

Context at the start of the GSP Project:

- **Strategic level**: Evidence for GSP considered to be limited, not compelling, or not sufficiently rigorous by wider system partners.
- 'Compelling evidence' is differentially interpreted and understood by actors around the system, and perceptions of others' understanding of 'compelling' also differs.
- A growing programme of national-level research in this field, including process evaluation, surveys, secondary research, and trial funding.
- **Operational level**: data collection poses multiple challenges (see below) but allows sites to demonstrate reach, scale, acceptability, and effectiveness.
- **T&L sites**: Generating robust evidence is a key priority for sites as it links to sustainability and grant capture.

Activities & achievements	Challenges	Implications	Recommendations
• **Nationally**: System-level support for data collection; including a common data framework, training, guidance documentation, and backfill payments. • **T&L sites**: Myriad activities that sought to reduce or reduce the impact of data complexity issues, from technological solutions to agreed datasets and similar. • Input of time and resources through larger organisations providing data support for smaller ones - facilitated when networks and aims align. • Sites challenged and engaged in conversations about what good evidence for these sorts of pathways might look like, to challenge views that quantitative, controlled evidence was always preferable. • Sites took time to scope existing measures and the literature around them. • External evaluation was considered important and a core activity of programmes.	• Some measures are not well liked and therefore not used by some actors in the system. There are also inconsistent measures across areas. • Linking data is often difficult or not possible, meaning understanding anything other than the local picture is a challenge. • The time and resource associated with collecting, collating, and reporting data was a challenge, and often the onus was on the VCSE. There were instances where smaller providers did not bid for funds as the data collection requirements were too onerous. • Although support for data collection was provided by the Evaluation Team, financial support for data collection and collation was not provided in some pilots. • There is a lack of consistency and agreement around evidence needs.	• GSP structures are sited across multiple organisations. Understanding the reasons for incomplete or patchy data collection and linkage that this may cause is important. • Objectives and processes for data collection should be co-produced between funders and locality partners to represent the aims, outputs, and outcomes that they are interested in, while ensuring that these reflect what is possible given the constraints – which may be locality specific.	• Commissioners to critically review what data is needed and for what purpose ensuring that requests for data are proportionate and relevant to the work being commissioned. Where possible, evaluation frameworks to be co-produced and reviewed regularly. • Greater clarity from commissioners around specific requirements for data collection and evidence. Whatever these requirements, sufficient relevant training (and data templates) should be delivered to organisations expected to conform. • Resourcing a role, or part of a role, around data collection and collation is key to sustainability of evidence generation.

6. There is a need to improve information flow and feedback loops between providers, Link Workers, referrers and funders to create more efficient and effective pathways

Context at the start of the GSP Project:

- **Strategic**: At the start of the project, the network of providers, Link Workers, referrers, and funders inside the NHS, was fractured and dispersed.
- Participants drop-off or disengage across social prescribing pathways if they are not appropriately supported or the collation of organisations is not properly networked.
- Where responsibility lies for strengthening networks is not agreed.
- Operational: Within-sector, hyper-local and local networks were often strong, but communication and interaction across these networks were less so.
- There are often 'fractures' within systems and networks are driven by key individuals.

Activities & achievements	Challenges	Implications	Recommendations
• **Nationally**: The GSP programme validated cross-sectoral working by ensuring it was delivered in collaboration with the VCSE sector. • The existence of the programme validated and legitimised collaborative activity from senior individuals within the health and VCSE sector. • **T&L Sites**: Developing referral feedback loops (between community and health services and back again) are important. • Understanding and communicating what levels of need can be supported by which activities, where possible, and this aids in targeting groups too. • 'Active' link working, where people are accompanied to the first session or otherwise supported, benefited in strengthening links. • The creation of new networks around GSP, in addition to those that came before, was important. These often required additional input in terms of resourcing however.	• Capacity and time constraints on the individuals in each sector, preventing them engaging fully, was the biggest challenge to overcome. • Some elements of the system are reluctant to become completely involved given the complexity and needs of the cohorts arriving for activities (in some areas). • The pandemic and cost of living crises have impacted all levels of the system, meaning formal and informal networks are potentially less resilient than they have been previously.	• Spending time understanding existing local networks and individual champions is important to take the next step in developing links between these. • Understanding that GSP and aligned aims are not always the same as aims of existing networks or organisations and so finding common ground and working to develop shared vision is important.	• Resourcing networks should have longevity and outlast the GSP programme, as well as being a tangible commitment. • A need to expand the existing model of networks through pooling resources and increasing buy-in from external partners. • Need to develop and build strategic links to further increase the resilience of provider networks, potentially a 'web of webs' necessary to connect to wider strategies.

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.

Context at the start of the GSP Project:

- **T&L sites**: Lack of mutual awareness and understanding between GSP partners, particularly between the NHS and VCSE sectors. Most acute with small VCSE providers, and some health sectors (e.g., mental health, young people's services).
- Key statutory partners lacked recognition of the ways VCSE work, and what they were doing.
- VCSE partners delivering nature-based activities lacked capacity, knowledge, or skills to work with SP referrals.
- Few referrals through formal SP routes (e.g., Link Workers)
- Lack of partnership working and coordination.

Activities & achievements	Challenges	Implications	Recommendations
• Invested in partnership, collaboration and knowledge sharing opportunities including meetings, taster sessions, social media, delivering workshops and training, outreach to nature-based providers. • Diverse GSP T&L site project teams, and wide stakeholder participation in oversight meetings. • Codesign work to understand the needs of stakeholders and barriers to participation. • Networks of nature-based providers supported or initiated. • Trusted provider schemes and "green books" of providers developed to support appropriate referrals. • Innovative funding schemes (such as green health budgets) explored.	• Limited capacity to attend meetings for some stakeholders. • Short term project means a trade-off between meaningful involvement and co-production and directive action to get things done. • Increased understanding not always positive – could lead to entrenchment of views. • Some uncertainty about the appropriate scale of networks – hyper local vs regional. • Trusted provider schemes/ directories require ongoing updates – unclear if/how this will be done. • Link Worker capacity is stretched, with many of those referred having complex or acute needs.	• Although improved understanding between, and linking up, different parts of the system has been achieved, this may not be sufficient to scale up and embed GSP, especially in a limited time period. • Time and resources are required to understand issues facing stakeholders, develop relationships, build trust and respect, and ensure aims and priorities are agreed. • Trade-offs between extensive engagement/ coproduction work and delivery. • Mutual sharing of risks and benefits needed. • Trusted provider schemes / directories need to be sustainable.	• Investment in partnerships, collaboration and knowledge sharing opportunities is required. • Diverse partnership in decision making fora may require creative solutions to ensure that appropriate representation for all key partners is possible. • Initial codesign work can ensure that partner and community needs and priorities are incorporated. The time to do this well is required. • Partners need to be flexible and responsive to innovation if mutual accountability and shared problem solving is to develop.

8. Building referrers' capability, opportunity and motivation to refer to GSP will improve access to appropriate green opportunities.

Context at the start of the GSP Project:

- **T&L sites**: Many sites reported a lack of clarity around referral routes, their structure and what was available to whom.
- Link Worker provision was fragmented with multiple different Link Worker employers across VCSE, primary care, secondary care, social care and private sectors with little coordination or data sharing.
- Some sites reported that Link Workers often did not have an understanding of the specifics of GSP as distinct from social prescribing more broadly.
- Self-referral was the most common route to nature-based activities across all sites, and often this was a surprise to project teams who had assumed that referral via a General Practitioner (GP) or Link Worker was the more usual route.

Activities & achievements	Challenges	Implications	Recommendations
• Various models of support for providers have been modelled by sites, including training packages for referrers, covering GPs, health care providers (HCPs) and 'green social prescribers' and the wider workforce, to increase awareness of nature-based provision available, capacity training for providers to improve e.g., grant writing skills, taster sessions and training with specialist workforces, and e-learning modules aimed at helping to build understanding, education, and awareness for referrers. • Sites have worked to increase awareness of different referral pathways, improve outreach and communication with Link Workers, and improve alternative pathways to referral to reduce pressure on Link Workers • Sites have also worked with nature-based providers to offer options of support to encourage participation, including peer support, buddying, and befriending, providing a specific support role alongside the delivery of the activity, undertaking work to understand specific needs or barriers (e.g., wheelchair access) to participants, providing transport or funds for bus fares or petrol. • Specific work has been undertaken to strengthen referral pathways in mental health services including offering taster sessions within the local trusts, delivering awareness raising events, as well as continuing to drive engagement through the ICS.	• System barriers and silo working have proved challenging to tackle alongside delivery of specific programmes. • Lack of awareness and capacity amongst Link Workers, HCPs and other referrers were the main barriers for referrals to GSP. • Where PCNs run Link Workers 'in house' they often follow a health system agenda, and there may be more focus on getting people through the door, getting people seen and moved on. This can create tension with the person-centred role of Link Workers as applied in other organisations.	• Sites would value development of a single referral form gathering necessary participant information, clear guidance on who is expected to provide support for participants, and what level this support needs to be, and basic requirements in terms of evaluation and participant safety. • Further training on safeguarding and mental health support may be useful for future delivery. • Link Worker capacity and engagement in GSP must be addressed to improve referrals to GSP.	• Clear locality-wide guidance to bridge information and understanding between referrers and nature-based providers would be helpful. • Allocate enough time and resource to meaningfully explore inequalities in access and provision. • Improve training and access to support for those involved in provisioning GSP in key areas such as dealing with complex mental health needs and assessing risk. • Ensure that activities targeting communities reflect the diversity of those communities both in planning and delivery.

9. Equitable access to appropriate green opportunities requires decision making through an inequalities and instructional lens.

Context at the start of the GSP Project:

- Test and Learn sites: The complexity and severity of need for those referred was an issue in many sites.
- Some providers lack culturally appropriate and relevant offers for different communities, and the additional resource required to fully and meaningfully engage ethnic minority groups proved challenging.
- Geographical complexities such as urban/rural mix include particular variations in deprivation associated with rurality and isolation, refugee communities housed in specific areas, and people in ethnic minority communities without ready access to green spaces.

Activities & achievements	Challenges	Implications	Recommendations
• **National and local**: Many sites harness existing networks with strategic partners such as Natural England to explore routes to tackling inequalities. • **T&L sites**: Public communication and advocacy has been used to publicise the benefits of green activities to a wider audience. • One site has trained instructors from the local ethnically diverse community and now have a team of GSP instructors who represent these diverse communities. • Online events focussed on accessibility and inclusion showcased best practice across the region, highlighting what reasonable adjustments for physical and hidden disabilities look like in the context of VCSE group. • One site is supporting their local practitioner network to diversify their reach across the nature and health community, with additional subgroups created around tackling inequalities and serving ethnic minority communities. • One site held co-design workshops at the start of the project with people with relevant lived experience (such as of mental health issues) alongside place partners who then developed criteria for the T&L site's grant panel.	• The main barriers cited were transport, lack of awareness of available activities, and a lack of safe and available green provision that could enable continued participation in deprived areas and underserved communities. • Issues around Link Worker capacity and strain on the system were highlighted across T&L sites. • Problems are compounded by the wider cost of living crisis for both service users and providers. • Some providers reported a lack of confidence in supporting people with complex mental health needs. Specific training to support this would be helpful.	• Meaningful user engagement with people most likely to be subject to health inequalities should be standard practice for national and regional initiatives. • Full and careful consideration should be given to sensitive involvement of groups most likely to be subject to health inequalities within specific geographies. • Decision makers must consider creative and non-standard ways to include the voices and views of people most likely to be subject to health inequalities, such as peer research and engaging community gatekeepers in good time.	• Involve people most likely to be subject to health inequalities at every stage of the process, including question setting and commissioning services. • Allocate enough time and resource to meaningfully explore inequalities in access and provision. • Improve training and access to support for those involved in provisioning GSP in key areas such as dealing with complex mental health needs and assessing risk. • Ensure that activities targeting communities reflect the diversity of those communities both in planning and delivery.

10. User voice can ensure green social prescribing is person-centred by illuminating the changes needed across the pathway.

Context at the start of the GSP Project:

- The involvement of people with lived experience of mental ill health or service use was an ambition for all local pilot sites but did not appear to be so at a national level.
- Securing the 'effective engagement' of community members, lay members, members of the public, people with lived experience of mental health across a system undergoing transformation has been recognised as a critical enabler of success.
- Involvement can enhance decision making, improve transparency, and ensure services meet the needs of the community.

Activities & achievements	Challenges	Implications	Recommendations
• Involvement strategies, at both the national and local level, appeared to be underdeveloped, although in some cases there were large efforts towards co-production and involvement. • **Nationally**: It appears there was no strategic involvement of service users or people with lived experience of mental health challenges in the definition or design of the T&L programme as a whole. • **Locally**: Although an ambition of many pilot sites, few had meaningful involvement. • **T&L sites**: A small number of sites involved people with lived experience of relevant issues in the design, delivery, and governance of the programmes. • One site included people with lived experience of mental ill health in review and quality assurance processes.	• Power imbalances and lack of meaningful ways in which users could actually contribute to decision making. • Excessive burden on individual lay members, challenges with retention. • Legitimacy of reliance on one individual representative. • Little capacity and resource were available for user involvement.	• Future GSP systems building, at all levels, should include relevant communities as standard. • Involvement should be sufficiently broad (relating to inclusivity of the individuals and communities affected), and deep (extent of a community's involvement) to represent the different experiences and needs of different communities and individuals. • Consideration should be given to power hierarchies and dynamics and whether these prevent meaningful contributions.	• Follow established principles of user involvement. • Sufficiently resource strategies and activities. • Sufficiently empower individuals to contribute. • Ensure involvement is sufficiently broad and deep.

11. Ensuring service users have a positive experience across the GSP pathway is vital if numbers of referrals are to increase.

Context at the start of the GSP Project:

- T&L sites: There were issues with service users disengaging with GSP across the different points of the social prescribing pathway.
- Service users face barriers to engagement with social prescribing, and those in vulnerable populations are often disproportionately affected.
- Service users face many barriers to participation in GSP such as: poverty, a lack of access to transport or equipment, or deterioration in mental health status.
- Drop off can occur at different time points across the pathway.

Activities & achievements	Challenges	Implications	Recommendations
• **T&L Sites**: To address the need to support individuals to attend and maintain support with GSP activities, sites have developed strategies to support service user engagement and prevent drop off. • **T&L Sites**: Creating referral loops and ongoing support for service users was successful, supported the upskilling of nature-based providers in the local area to support mental health referrals, helped redistribute capacity across the system and ensured service users were receiving the correct level of mental health support.	• Additional services and support functions for service users with higher and/or more complex needs were expensive and carried a greater administrative burden. • Providers who offered additional support such as food and drink to those experiencing food poverty were in turn struggling to continue resourcing this support although it was seen as essential. • Longer term maintenance may be required for those with higher support needs.	• Key to the success of approaches which appeared to positively impact on participant retention were providing patient centred care to understand participant needs, supporting participants to attend initial sessions, providing consistent contact along the pathway, referral to other provision either within the same organisation or close by, working with external organisations (such as food banks) and addressing the underlying barriers preventing engagement with GSP.	• Providing patient centred care is central to understanding participant needs. • The cost-of-living crisis has a disproportionate and uneven impact upon service users. Individual needs assessments allow tailored and specific support for people with higher or more complex needs. • Creative approaches are needed to support service users through the GSP system, and there must be resources to allow these approaches to be used strategically. • Greater understanding of the disproportionate challenges faced by service users should inform the strategic allocation of resources to better support them through the GSP system.

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