

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



Summary of Key Findings 2021/22-2023/24

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1. Introduction

NHS South Yorkshire was one of seven Integrated Care Boards (ICBS) selected in 2021 to become a 'test and learn' site for the 'Tackling and Preventing Mental Ill-Health Through Green Social Prescribing Project (GSP Project) between 2021/22 and 2022/23. This report provides a summary of the key findings from a long-term evaluation of the project in South Yorkshire. It is based on the following data:

- Quantitative monitoring data collected by nature-based providers throughout the project.
- A qualitative developmental evaluation designed to capture key learning throughout the delivery of the project.
- An assessment of value for money, replicating the national evaluation methodology at a South Yorkshire level.

2. Data and Insights

How many people were supported to access GSP in South Yorkshire?

1,788 cases of support were provided throughout the programme - 883 people were supported in 2021-2023 and 905 in 2023/2024.

Who benefited from GSP in South Yorkshire?

The GSP project was effective at supporting people experiencing health inequalities: over half of people accessing the project lived in the twenty percent most socio-economically deprived neighbourhoods (55.4 per cent) and 80.7 per cent were experiencing mental health issues. The GSP project also

supported diverse populations including people from across the age spectrum, people from different ethnic minorities and people who had been shielding during COVID-19.

How did people access GSP in South Yorkshire?

The three most common referral routes were self-referral, referral from a social prescribing link worker and referral from within the nature-based providers themselves. There were very few referrals from mental health services, indicating that people access GSP from more informal routes.

What types of support were accessed through GSP in South Yorkshire?

A range of different types of nature-based activities were delivered including community allotments, walks in the local parks and trips to the Peak District. GSP is a relatively short-term intervention with over two-thirds of people attending less than ten sessions. Importantly, almost half of people continued to attend nature-based activity after their initial referral period (43.8 per cent n=435/991) and almost a third of people were either supported to access further activities with the same organisation or referred into another organisation. This highlights that nature-based providers were able to help people who needed further services to continue receiving support.

There were only small numbers of people who stopped attending activities prematurely. Key reasons were due to mental health issues, ill health or there were logistical issues such as transport. Whilst the numbers are relatively small, further consideration may be useful about how to manage some barriers to engagement.

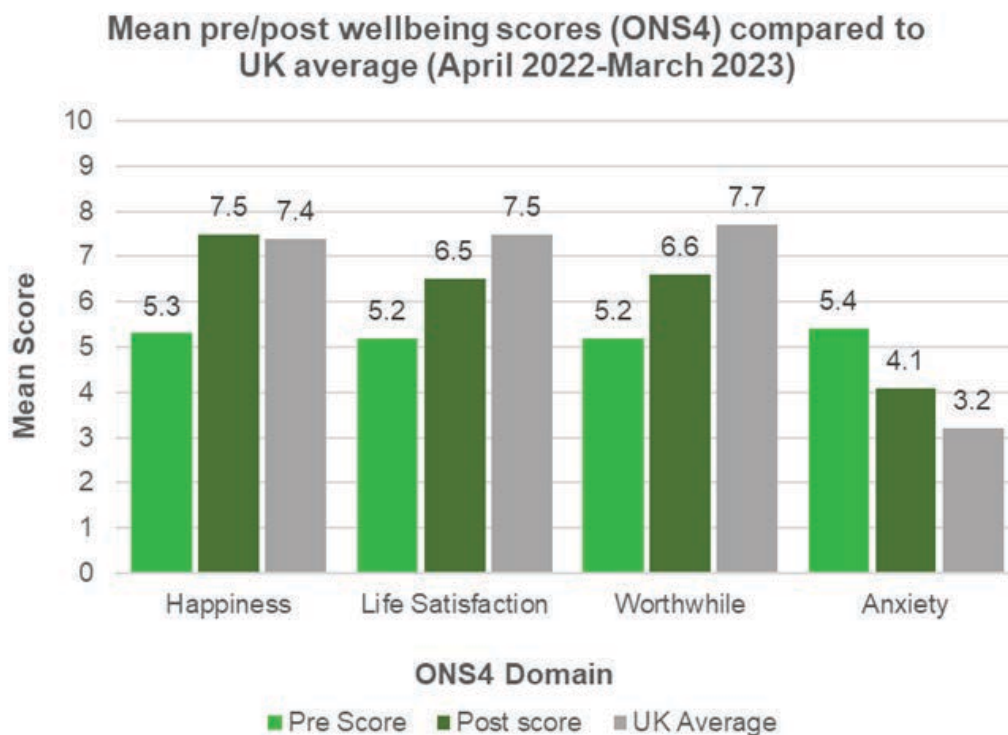
What was the impact of GSP in South Yorkshire?

The programme had a positive impact on people's wellbeing:

- **Life satisfaction** increased from an average (mean) of 5.2 to 6.5 points out of ten. The average UK score is 7.5, highlighting that whilst the GSP population have a lower wellbeing score than the UK average, following the intervention the population was nearer the national average.
- **Feeling life was worthwhile** increased from 5.2 to 6.6. The UK average is 7.7, highlighting that whilst the GSP population have a lower wellbeing score than the UK average, following the intervention the population was nearer the national average.
- **Happiness** increased from 5.0 to 6.8 points. The UK average is 7.4, highlighting how GSP supports people to increase their wellbeing to a similar level to the UK average.
- **Anxiety** reduced from 5.4 to 4.1 (i.e. an overall improvement). The UK average is 3.2, indicating that the population being supported do have

a higher level of anxiety than the UK average. However, this is understandable given the focus of GSP on people with mental health issues and the reduction should be viewed positively.

Figure 1: Pre/post intervention scores for GSP participants in South Yorkshire (ONS 4)



3. Key learning from the delivery of GSP in South Yorkshire

The key learning from the evaluation is presented in relation to the four principles set out in the recently developed South Yorkshire vision statement for GSP:

‘To achieve a health and care system that embraces nature for wellbeing, with an embedded and sustainable green social prescribing offer within the social prescribing landscape.’

System Change

GSP activities have begun to embed themselves within the health and care systems at place. Different Voluntary Community and Social Enterprise (VCSE) organisations have developed and nurtured networks to varying degrees. Those who have engaged with the established network have found it a valuable way to share expertise

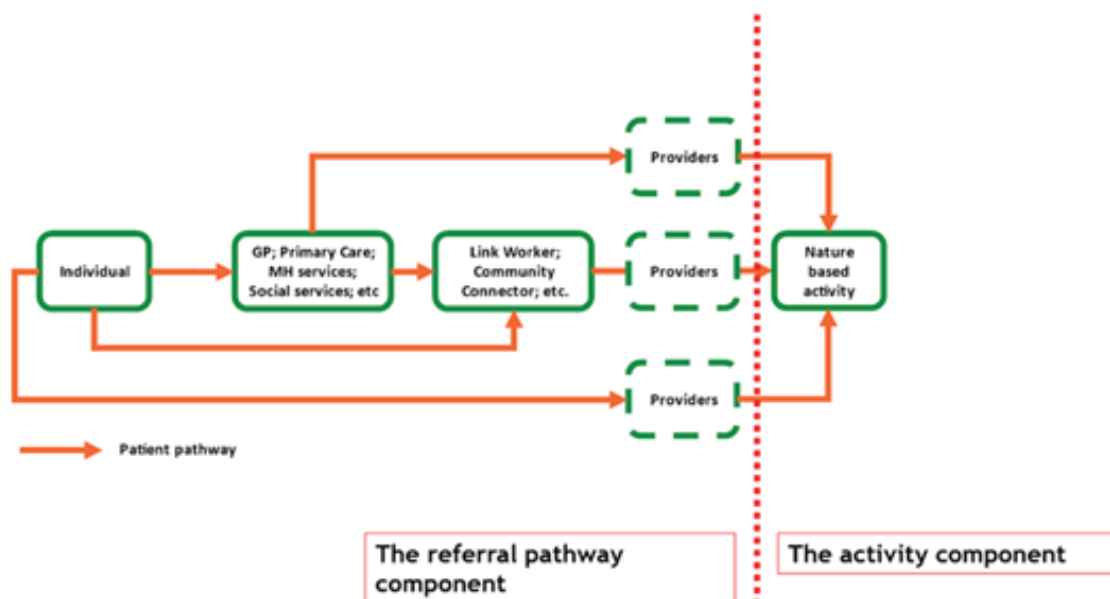
and problem solve. However, establishing and maintaining networks is time- and resource-consuming and some smaller VCSEs have struggled to engage due to lack of capacity and competing priorities.

Where good links have been established with local link workers, referral pathways have been well-embedded, and this has driven referrals to VCSE organisations. Where this hasn't been as successful, VCSEs are using resource and capacity to find alternative recruitment opportunities such as social media and use of word-of-mouth. The proposed pathways for GSP at the start of the project (see Figure 3) have largely been realised in practice. Some pathways have been predominant in different regions, but less successful in others. The reason why some pathways are more successfully embedded in one part of the region than others is less well known and may require further evaluation.

Figure 2: Four principles in the GSP vision for South Yorkshire



Figure 3: Proposed referral pathways for GSP activity



Creative solutions to building networks and referral pathways, such as partnering with other VCSE organisations, social media campaigns and hosting community events have all been valuable and have worked for different organisations where referrals from link workers were less forthcoming. However, there are also concerns that the lack of capacity in NHS services has meant that the complexity of patients referred to GSP activities have been too complex and have been inappropriate for GSP organisations to manage safely. This indicates that further work is required to establish appropriate referral criteria for VCSE GSP organisations within a larger mental health referral pathway which accounts for individuals at all levels of severity and complexity.

There are also further evaluation opportunities to explore the role of local authorities in the GSP system as they are often responsible for the ownership and management of public green spaces, and an interviewee felt that this role was overlooked within the project. Local authorities can play a key role in developing stakeholder networks and providing oversight.

Addressing health inequalities

Individuals who took part in the interviews, and wider conversations, have acknowledged the role of GSP organisations in addressing health inequalities. However, there was also clear recognition that GSP opportunities are only a small part of the needs of

underserved communities and that further systems changes are required to provide a fairer, more just system for those living with mental health issues.

The VCSE providers of GSP activities play a key role in engaging with underserved and marginalised communities and individuals and have a trusted relationship and role within communities which other health providers do not. However, it was also recognised by the interviewees that they were unlikely to be engaging with those who are the most deprived and marginalised in the community and that more work is required to establish deeper roots into the communities they serve.

Whilst the majority of the GSP activities were free of charge, there were some basic equipment needs which were difficult to access for some participants and presented as a barrier to engagement and a potential driver of health inequality. These items included waterproof coats or suitable footwear and some organisations have explored 6-week loan systems as a way of overcoming these barriers. However, this also provides additional cost for the VCSE organisation which would need to be considered in future funding.

Measuring the impact of GSP on health inequality is challenging and there is no clear metric which can demonstrate this. However, organisations felt that the case studies collated throughout the three years of activity were the best examples of measuring 'success' that they could produce.

Evidence and understanding

GSP providers and the evaluation team have worked closely with the ICS and health and care system to build an awareness of the benefits and impact of GSP activities. In many cases, this has increased awareness at all levels of the system from GPs, other VCSE organisations and members of the public. However, this awareness and understanding remains inconsistent across the region and this could be improved.

The primary way to improve services and understanding within communities and individuals is through co-production activities with local groups. This was well-recognised in the interviews but lack of time to set up services, and lack of capacity often curtailed this best practice.

Capacity and resources

Green social prescribing activities are provided by VCSE organisations and delivered using a patchwork of short-term funding with many organisations describing difficulties with sustaining provision and staffing resource. Whilst the ad-hoc nature of GSP delivery is clearly detrimental to individuals who participate with the services, there was also a strong acknowledgement of the impact this has on staff and volunteer wellbeing, with some organisations unsure whether they would remain viable.

Some organisations who initially struggled to recruit enough suitable participants for their groups found that they have now reached capacity and require funding and staffing to be able to provide additional groups. Due to the nature of social prescribing, there is no 'end point' for participants and where there is a strong group of committed participants who are engaging regularly with, and benefitting from services, groups are well-established and fully booked, leaving little room to accept new referrals. In addition, those living with mental ill health may struggle to commit to regular attendance at groups. Consequently, the number of participants on any given day is unpredictable and therefore difficult to plan for.

Capacity and staffing could be improved should VCSE organisations have time to work together to build partnerships and collaboratives. For

example, these collaborations would mean that only one person would be required to complete the monitoring and evaluation tasks, recruitment activities and triage and therefore prevent duplication of effort. This streamlining of effort would allow VCSEs to scale the provision of GSP activities more efficiently, however it is acknowledged that this could be a big ask for some organisations who feel that they are collaborating with their competitors.

4. Understanding the value for money of GSP in South Yorkshire

The WELLBY - short for 'Wellbeing-adjusted Life Year' - methodology, recommended by HM Treasury when wellbeing is a key outcome of a project or programme, was used to assess the value for money of the GSP Project in South Yorkshire. This showed that the value of WELLBYs estimated to have been created through the South Yorkshire GSP project ranged from £2.6 million to £10.7 million, with a central estimate of £5.6 million.

This means that **the (social) return on investment ranged from £3.06 to £12.81 for every pound (£1) invested in the GSP project, with a central estimate of £6.66.** If only the £484,000 invested in nature-based providers are included the social return on investment ranged from £5.28 to £22.11 for every pound invested, with a central estimate of £11.49. **Overall, this represents good value for money.**

The National Evaluation of the GSP project¹ presented wider evidence about the value for money of GSP. It found that 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-£1,777. Compared with other interventions for people with mental health needs such as behavioural activation (£231-£250 for ten sessions), 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.**

¹ For a full outline discussion of the findings see the final evaluation report (Chapter 6, pp182-202): Haywood, A., Dayson, C., Garside, R., Foster, A., Lovell, B., Husk, K., ... Wilson, I. (2024). National evaluation of the preventing and tackling mental ill health through green social prescribing project: Final report - March 2021 to June 2023. London: Department for Environment, Food and Rural Affairs.

The National Evaluation found that the average cost of a social prescribing Link Worker referral was relatively consistent across the Test and Learn sites, ranging from £145-£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-£1,686** (although note that a minority of participants in the GSP project went through this referral route). 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 **green social prescribing can be considered a relatively cost-efficient intervention when compared to other types of support for people with similar mental health needs.**



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