

Examples: How Green Social Prescribing Can Help ICSs to Meet their Core Objectives

GSP presents a number of opportunities to support ICSs to achieve their core objectives and demonstrate greener delivery for Green Plans.

ICS Core Objectives (1 &2)

- Improving population health and health care
- Tackling unequal outcomes and access

Using population health data, insights from co-design work and working through trusted community leaders, has allowed the GSP test and learn sites to engage people from diverse backgrounds and to target services to where they are most needed. The interim evaluation report shows that sites have successfully engaged with people from ethnic minority groups and in some cases engagement levels exceed the percentage of people in the general population, from ethnic minority groups*. Similarly, emerging evidence shows that over 50% of people using GSP services live in areas of high deprivation*.

*this is early emergent data and further sampling is required to confirm the validity of these findings.

Some integrated care systems are starting to recognise the success of their local programme in targeting and starting to improve access and health outcomes for people who experience the greatest inequalities in their area.

Examples

Example 1: South Yorkshire GSP Test and Learn Site

As part of the application process to become a GSP Test and Learn site, South Yorkshire ICS carried out a needs analysis and set out a strategy to target services to people, with mental health need, in the following groups:

- People from ethnic minority groups
- Young people
- People who are extremely clinically vulnerable
- People living in the highest areas of deprivation

The needs analysis highlighted the following things which led them to target these groups:

People from ethnic minority groups

- Covid has exposed inequalities experienced by ethnic minority populations. (Higher infection and mortality rates from Covid19)
- People from ethnic minority groups in SY live in some of the most deprived wards, have higher rates of preventable ill health, multiple long term conditions, poor mental health and lower uptake of preventative services, such as social prescribing.

Young people

- High rates of young people in poverty. Low academic achievement. Pre-Covid, young people in SY already suffered poorer mental health levels against national benchmarks.
- Only five places in England have a higher youth benefit claimant rate than Doncaster and Rotherham. Sheffield City Region unemployment benefit claimant count aged 18-24 yrs has more than doubled between Oct 19 and Oct 20, to 9.1%.

- National reports back up local concerns about the disproportionate impact that Covid is having on the mental health of young people in SY. The UK Household Longitudinal Study shows that mental health in those aged 16 to 24 has deteriorated more than any other adult age group.

Clinically extremely vulnerable people

- High rates of long term conditions have led to high number of residents in the extremely vulnerable groups. Social prescribing services and the South Yorkshire LRF Humanitarian Cell report deteriorating mental health and social isolation/loneliness are major concerns
- The Allied Health Professional Council is concerned about significant deconditioning in shielding older adults who have lost confidence in going out of the house. The reduction in mobility and increased dependency on others during lock down, increases risks of older people losing their independence
- Many 'shielders' lost their main social opportunities due to closure of indoor groups and activities. Some also lost their jobs. Green social prescribing gives an ideal platform to develop alternative, Covid-safe opportunities that provide social contact, a sense of purpose and physical activity.

People living in areas of high deprivation

- 9.6 years life expectancy difference for women between the most deprived and least deprived areas in SYB and 12.4 years difference for men.
- During Covid adults with low household income and the unemployed have had higher rates of anxiety, depression and loneliness. More adverse experiences, such as COVID-19 illness, financial difficulties or difficulty accessing food and medicine.

They commissioned a thorough co-design programme to work with local people, including those with lived experience of mental ill-health and deprivation. This endorsed their approach to target GSP to areas ranked highest in the Index of Multiple Deprivation and to target people in greatest need. It also led to service design features that have made green social prescribing appealing and accessible to local people. The number of people using and benefiting from GSP activities in the site is high.

Example 2: Bristol, North Somerset and South Gloucestershire

By working with other partners in the community and voluntary sector, aligning their respective funding streams and by working through their networks, the BNSSG team were able to engage with a wide and diverse range of people to co-design and deliver their GSP programme.

They have a strong track record of engaging ethnic minority community groups to deliver GSP activities with and for people in their community and of people from these groups taking up GSP services. People with disabilities and health conditions are also well represented in the statistics about who is attending GSP activities. Their ICS wants to learn from and adopt their approach in other areas of health care.

ICS Core Objectives (3&4)

- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development

GSP is delivered in local green spaces, including the use of the NHS estate services. Services are usually accessible and delivered where people live, reducing the need to travel and provides 'greener models of care'.

The programme offers additional volunteering, training and employment pathways in local communities and increases community resilience.

Early indications are that GSP presents comparatively good value for money*. Because it is delivered by small, local organisations, overheads are often lower and group delivery offers a cost-effective model. Because people are connected to local community resources and shown how to embed changes into their daily routines, outcomes are often sustained beyond the lifetime of the intervention.

*The GSP programme is evaluating value for money

Example 1: Greater Manchester

In Greater Manchester the focus has been on developing a local eco-system of green providers who can deliver green activities in local green spaces, e.g. city parks, where people live. This includes delivering green social prescribing activities for patients and local people and green activities to improve staff wellbeing, on NHS land. This has led to improved usage of some of the NHS estate and reduced travel.

Several of their providers offer training, skill-building, volunteering and supported employment opportunities and pathways into paid employment. One provider has said that 60% of people attending GSP activities have gone on to retrain, voluntary or paid employment opportunities, demonstrating the contribution to the local skill mix and local economy that the programme can make.

Example 2: Greater Manchester

Funding green social prescribing activity has also supported the development of new or newly established social enterprises operating in the sector. (See the example of [Manchester Urban Diggers](#) in the Levelling Up Parks Prospectus)

Example 3: South Yorkshire

Voluntary Action Rotherham and two ethnic minority led community organisations You Asked We Responded (YAWR) Services and Rotherham Ethnic Minority Alliance (REMA), worked together to identify opportunities to increase access to social prescribing. Together they engaged communities and health and care professionals to strengthen cultural sensitivity and diversity of offer within local provision.

Example 4: BNSSG

Development of new Nordic Walking programme that trains instructors from ethnic minority groups to deliver programmes in their community. This has led to improved engagement of people from ethnic minority groups and also provided employment opportunities for the instructors.

There are lots of examples on the national GSP programme about how the work has contributed added social and environmental value in the test and learn sites.