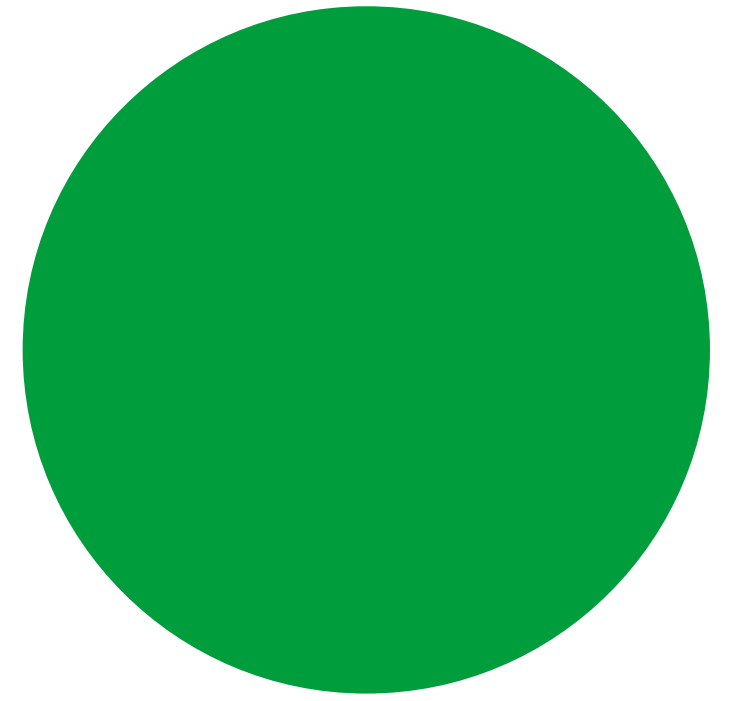
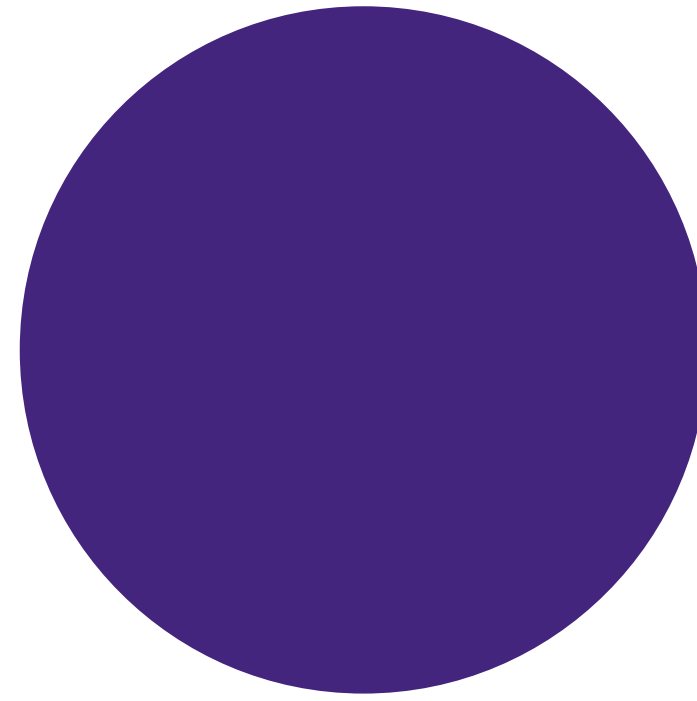
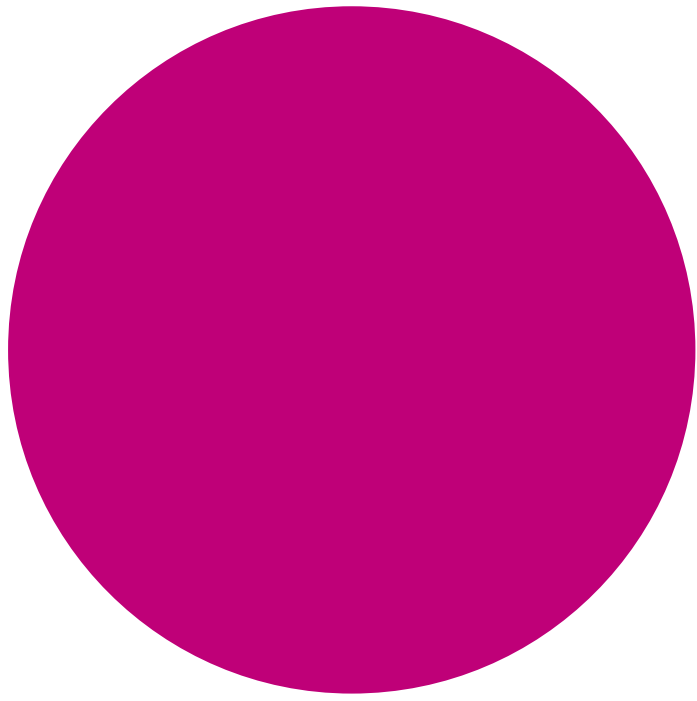
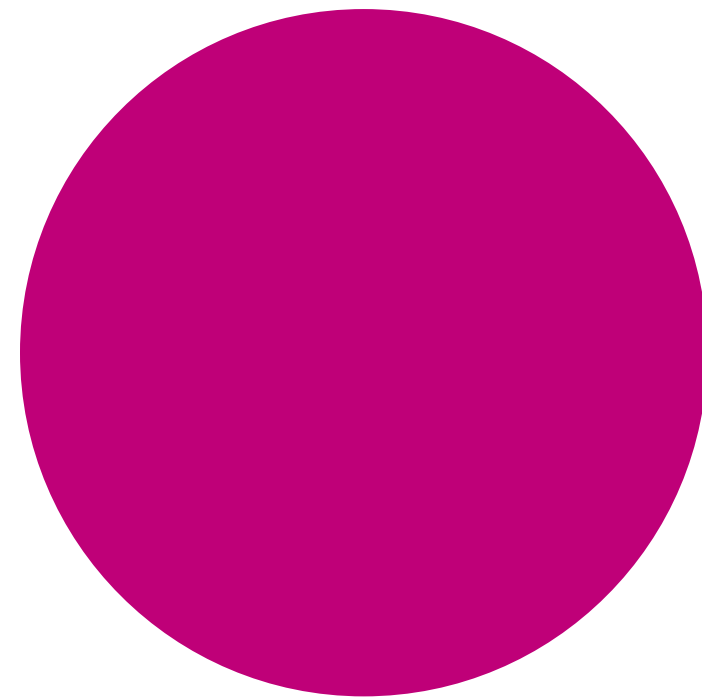
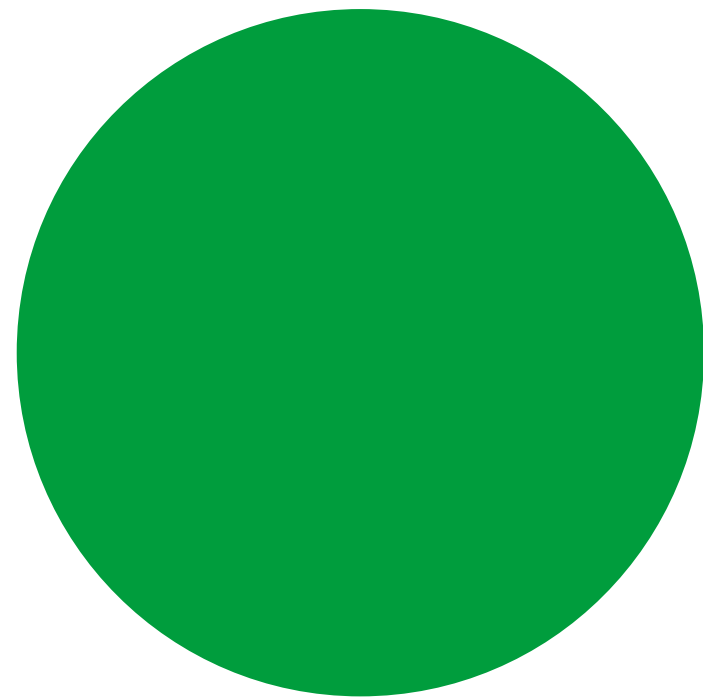
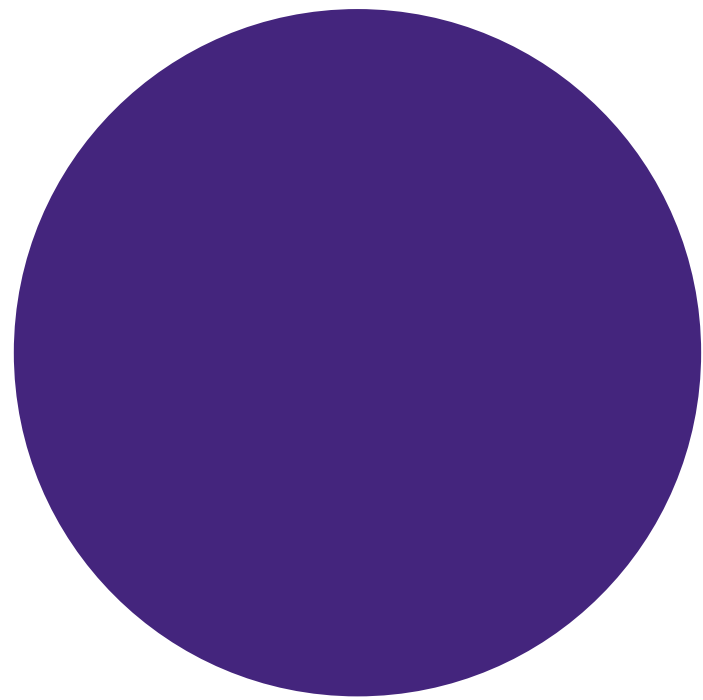


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Foreword

Since the COVID-19 pandemic in 2020, there has been an increasing public awareness of the benefits to people's physical and mental health and wellbeing that come from nature-based activities and a greater connection to nature. Organisations working across the natural environment sector and related physical activity, cultural and heritage sectors, have been delivering nature-based activities to improve people's health and wellbeing for many years. There is now a robust and rapidly growing body of evidence increasingly recognised by the general public and used by practitioners, to help shape and target the provision of activities, services and advice.

In July 2020, Environment Secretary George Eustice announced a £5.77 million investment for a cross-government Green Social Prescribing project, funded by Treasury and core partners, aimed at preventing and tackling mental ill health through green social prescribing. The aim of the two-year project was to test how to embed green social prescribing into communities in order to:

- improve mental health outcomes
- reduce health inequalities
- improve connectivity with the health system in order to reduce demand on the health and social care system
- develop best practice in making green social activities more resilient and accessible.

The 'test and learn' phase of the funded Green Social Prescribing Project ran from April 2021 to the end of March 2023. During this time, over 8,500 people benefited from green social prescribing. The project has worked with people with a range of mental health needs from mild to moderate, to supporting people in their recovery after a period of more significant mental illness. It has moved the focus of social prescribing from universal provision to taking a targeted approach (on this project) so that those with mental health needs and who will benefit most are identified and offered support. It has required intensive collaboration across sectors to build greater shared working and innovative new partnerships, which underpin the trust, and systems change, required to sustainably embed green social prescribing in the health system to tackle and prevent mental ill-health.

The Green Social Prescribing Toolkit reflects on the process of implementing the Green Social Prescribing programme and shares some of the learning and insights. Many aspects of the learning will be more widely applicable and relevant than the mental health focus of this programme.

Jim Burt

Executive Director, Programmes, National Academy for Social Prescribing

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Purpose of Toolkit

This toolkit is specifically about the learning that has arisen from the targeted Green Social Prescribing programme to tackle and prevent mental ill-health. It is anticipated that a lot of the learning and practice arising from the targeted mental health programme will be relevant to applying green social prescribing to address other priorities and to support people with other major conditions.

The purpose of the toolkit is to offer a 'how to' guide for those people who have responsibility for, or a role in, starting, developing, or growing [green social prescribing](#) schemes.

- The toolkit is based on lessons that were learned during the Green Social Prescribing programme to tackle and prevent mental ill-health and the work carried out in seven 'test and learn' sites.
 - We have included some of the tools and resources that were co-designed and tested as part of this programme, along with examples of what has worked well, and what has not.
- The toolkit is for anyone who has a role in developing green social prescribing in their area.
 - At a strategic level, Integrated Care Boards and Integrated Care Partnerships should find essential information to assist them in planning, delivering or expanding green social prescribing schemes to meet the needs of people living in their area.
 - Further information about Integrated Care Boards and Systems and what their role is in health care can be found [here](#)

- There is also useful information for Social Prescribing Link Workers and other people who might refer people to green social prescribing activities. For example, 'community connectors', community mental health practitioners, GPs (general practitioners), practice nurses, and other [allied healthcare professionals](#).
- It could be anyone who works in health and social care or the voluntary and community sector, that has a role to connect people to community resources to improve their health and wellbeing, based on what is important to them.
- It will also be useful for organisations that provide nature-based activities, such as 'green or blue providers'.
 - We have included information that will be of interest to both established blue and green providers and those who are planning to start delivering green/blue social prescribing activities.
- The toolkit is part of a suite of resources which should be read together and cross-referenced to support the development of Green Social Prescribing approaches. Other useful documents include: the Green Social Prescribing Interim Evaluation Report, evidence summaries about nature and health and social prescribing and national research findings. Details of these documents can be found in section 5: Links to more resources.

We have tried to ensure that the text is easy to read and accessible. However, we have provided a [glossary](#) to explain the meanings of technical terms or terminology which might not be familiar to all readers. The first time that a term is used, it will be followed by an asterisk to show that a definition can be found in the glossary.

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The Case for Green Social Prescribing

A survey of GPs, carried out before the pandemic, identified that 2 in 5 consultations (40%) were about mental health concerns.¹ Recent research by the Mental Health Foundation and London School of Economics suggested that mental ill-health* costs the UK economy up to £117.9 billion per annum.² This includes costs associated with the loss of quality of life experienced by people living with mental ill-health* and unpaid carers. The same research highlights some of the problems primary care, community mental health and in-patient services and social care face when trying to meet the mental health needs of their local populations, such as being unable to meet demand for services.²

In addition to this, recent research by the Royal College of Physicians found that 55% of people felt their mental health was worsening due to rising bills³. This was backed up by research from Swansea University, that showed that the cost-of-living crisis is having a 'significant impact' on mental ill-health*, in particular for those on low incomes.⁴

Spending time in the natural environment has been shown to reduce stress, fatigue, anxiety and depression. It can help boost immune systems, encourage physical activity and may reduce the risk of chronic diseases⁵. COVID-19 has however made existing health inequalities* worse and has led to an increase in mental ill-health*.^{6,7} Many people turned to nature to help them cope with the impact of lockdown and

social restrictions⁸. However, access to nature and green* space is not equal, and people living in socio-economically disadvantaged areas and people from ethnic minority groups have less access to green* space⁹. Evidence shows that actively connecting with nature improves mental health and wellbeing*.⁹

Green Social Prescribing (GSP*) supports people to engage in nature-based interventions and activities to improve their mental 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. Along with the evidence for time spent in, and connection to nature,¹⁰ there is evidence that suggests there are benefits of nature-based social prescriptions on long term health and wellbeing^{11*}, and in populations at the greatest risk of health inequalities^{11*}.

If the provision of GSP* was expanded, and offered more widely, it would offer more choice and control for individuals and users of the health system, along with link workers, and aligned roles, and have the potential to deliver significant savings by reducing demand on health services and reducing health inequalities*.

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The need to improve people's health and wellbeing* has been widely recognised as needing action by Government. For example:

- As part of the [NHS Long Term Plan](#), NHS England have been working towards [Universal Personalised Care](#) that will see at least 2.5 million people benefiting from personalised care* by 23/24
- Integrated care systems* have a responsibility to address [health inequalities](#)* in their areas by addressing inequalities of access, experience of health care services and outcomes
- The Department for Health and Social Care consulted last year about the development of a [10 Year Mental Health and Wellbeing Plan](#)
- The Secretary of State for Health and Social Care has recently announced the development of a [Major Conditions Strategy](#) that will holistically address multiple conditions which impact health, wellbeing and quality of life. This will include mental health.
- The [Environmental Improvement Plan](#) was launched in January 2023 as an update to the Government's 25 Year Environment Plan. It reaffirms Government's commitment to connect people with nature as a way of improving their mental and physical health.
- It makes a new commitment to work across Government so that people can access green space or water within a 15 minute walk of where they live and commits to driving the roll-out of social prescribing, as well as to exploring options for how best to embed green social prescribing, including across multiple healthcare pathways.

- The link is here: [Environmental Improvement Plan \(publishing.service.gov.uk\)](#)
- A key commitment of the [Levelling Up White Paper](#) is to level up both health and wellbeing* by 2030.
- The Department for Education have recognised the growing need to improve mental health in children and young people and have [pledged to provide funding for all schools to have a senior mental health lead](#) by 2025.
- Tackling inequalities is a shared ambition across Government departments.
- Sport England's commitment to tackling inequalities is enshrined in their strategy [Uniting the Movement](#)

The cross government [Green Social Prescribing Programme to Tackle and Prevent Mental Ill-health](#) was launched in 2020 to increase use and connection to the natural environment through referral to green* and/or blue* social prescribing* services within communities in England, to tackle and prevent mental ill-health*. The programme objectives and details of programme partners are outlined in more detail [here](#). Seven Test and Learn sites were funded from April 2021 to test what is required to connect people to these activities and the systems changes to embed and scale up GSP* in the future. A map of the seven sites is available [here](#).

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Social Prescribing

Social prescribing and community-based support is part of the NHS Long-Term Plan's commitment to make personalised care business as usual across the health and care system.

- Personalised Care means people have choice and control over the way their care is planned and delivered, based on 'what matters' to them and their individual strengths and needs. This happens within a system that makes the most of the expertise, capacity and potential of people, families and communities in delivering better outcomes and experiences. Personalised care takes a whole-system approach, integrating services around the person.
- It is an all-age model, supporting people and their carers to manage their physical and mental health and wellbeing, build community resilience, and make informed decisions and choices when their health changes.
- It is a proactive and universal offer of support to people with long-term physical and mental health conditions to build knowledge, skills and confidence and to live well with their health condition.
- It offers intensive and integrated approaches to empowering people with more complex needs to have greater choice and control over the care they receive.

Personalised care is implemented through the [Comprehensive Model for Personalised Care](#)

[Social prescribing](#) is one of the ways in which personalised care is delivered. It is a way for health professionals and other agencies to connect people to activities, groups and services in their community to meet practical, social, and emotional needs that affect their health and wellbeing*.

Social Prescribing Link Workers give people time, focusing on 'what matters to me?' [to co-produce a simple personalised care and support plan to take control of their health and wellbeing](#). Other people and roles also deliver social prescribing functions.

Social prescribing works for a wide range of people, including people:

- who have complex social needs which affect their well-being
- who are lonely or isolated
- who need support with low level mental health issues
- with one or more long-term conditions

Green social prescribing* (GSP*), builds on social prescribing and involves connecting people to nature-based activities and interventions to improve their health, wellbeing* and resilience. There are lots of physical and mental health benefits to connecting with nature.^{5, 9, 12} For example, evidence shows that both contact and connection with nature have positive impacts on health and wellbeing*, and that connection to nature is also linked with lower levels of anxiety.¹⁰ Connection to nature reflects how we think and feel about nature, not just how much time we spend in nature.

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Alignment to the Social Prescribing Maturity Framework

The successful implementation of green social prescribing* will be connected to the level of maturity of social prescribing in Integrated Care Systems (ICSs)*.

The 'Social Prescribing Maturity Framework' has been developed to support teams in ICSs who are involved in the development and implementation of social prescribing. The framework includes five areas ('domains'). Within each domain there are detailed criteria which can be used to assess how well embedded local social prescribing activities are at neighbourhood, place, and system levels. This can then help with assessing gaps in the development or delivery of social prescribing in the ICS, priorities for improving this, as well as identifying activity which is underway, and how far this has progressed.

The five domains are:

- Leadership, Strategy & Governance
- Planning & commissioning*
- Workforce development
- Digital & Technology
- Evidence & Impact

The levels of maturity increase from 1 ('emerging') to 4 ('embedded'). A link to the social prescribing maturity frame can be found in section 5: links to more resources.

Implementing Green Social Prescribing in Practice

This section is a guide to where to start if you want to set up green social prescribing* in your local area.

It sets out some of the guiding principles which have underpinned the development of the national GSP* programme and key steps to implementing GSP* in practice.

Each sequential section is structured to share our learning in each theme, and then sets out key actions to consider. Alongside this, there are examples to illustrate how others have already approached these steps.



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Key Principles of the Green Social Prescribing programme to tackle and prevent mental ill-health:

These key principles have guided how green social prescribing has been developed across the ‘test and learn’ sites (these will be referred to as ‘sites’ throughout the document). They provide a useful framework to underpin the planning, development and delivery of inclusive, accessible and integrated green social prescribing programmes.

- **Delivering personalised care and support approaches** means understanding what matters to people and what is important to them. Giving people choice and control over how to improve their mental and physical health is central to personalised care. Keep the individual at the centre of your thinking when designing referral pathways or developing a green/blue offer with providers to avoid a one-size-fits-all approach. Ensure that the voices of people with lived experience informs the delivery.
- **Centring the voices of those with lived experience of mental ill-health** both in developing and growing green social prescribing systems, and in sharing power and decision making in their own care. Include people with lived experience on steering groups. Involve them in co-production across all parts of your programme and share their stories (with consent) to inspire and encourage others.
- **Co-designing GSP systems and activities with local communities and organisations** helps to build and strengthen relationships between the health and care and voluntary and community sectors. This results in more effective referrals and improved outcomes for people.

- **Inclusive practice:** ensures equality, equity, access and diversity are at the heart of the vision for green social prescribing programmes. Following the principles of co-production and co-design can help to deliver an inclusive programme that takes into account an individual’s needs, preferences, culture and circumstances.
- **Working with partners** across different sectors, for example health and social care, voluntary and community and social enterprise sector, (which includes charitable and community interest companies) and at all levels, can help to make green social prescribing sustainable, and accessible to all. Consider opportunities to convene, connect and collaborate and explore sharing resources to improve integration across the system.
- **Tackle inequality** of access, experience and outcomes through listening to and involving people, gathering feedback and designing services together.
- **Delivering services across the life course** by developing discretely designed green social prescribing services that consider the critical stages, transitions and settings and the diverse range of social, economic, environmental and behaviour risk factors, which often cluster in different population groups over the life span.

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Use the [glossary](#) to look up unfamiliar terms and abbreviations

Building a vision for local Green Social Prescribing

To successfully change systems, it is important to ensure that everyone (people and organisations) who take part, or might be affected by the change, are fully engaged in shaping that change from the outset. Bring together people from across their local communities, local government, health and social care, voluntary and community organisations, the ‘green’ or environmental sector, and involve people with lived experience of mental ill-health, from a range of backgrounds, to set out the vision, and how it will be achieved, at this early stage.

Actions to consider

Click here to view

Illustrative examples

Click here to view

Actions to consider:

- **Co-design a map of your local system;** identify where and who could be involved. Think about different people within the community and different organisations and how they might be involved in designing, developing and delivering green social prescribing. This will need to include green providers who might deliver GSP activities, landowners who might provide the space for activities to be delivered in, as well as people who might want to refer to or use GSP services.
 - **Take the time to build relationships in the early stages.** Our experience shows that although this might take longer, relationship building is essential for the programme success.
 - **Develop opportunities to get involved:** Offer a series of different types of opportunities to get involved, over time.
 - For example, formal events, like information days, consultation events, focus groups; and informal activities, like green activity taster events and open days and 'vox pop' interviews with people when they visit a local green or blue site.
 - **Set out the vision for the partnership,** and how it will be achieved:
- **Develop shared terms** and a definition of green social prescribing for the local partnership. The programme wide definition for GSP is available [here](#).
 - **Build consensus about the vision;** what will be achieved, how and over what timeframes. This creates a sense of common purpose that everyone is working towards together.
 - **Ensure accessibility:** To ensure that engagement activities allow everyone to fully participate, they should be provided at different times of day and at the weekend. Information should be provided in different formats and relevant languages.

Illustrative examples: How others are tackling this

- **Bristol, North Somerset and South Gloucestershire (BNSSG) Stakeholder Mapping.** The BNSSG team carried out a mind mapping exercise to identify all their stakeholders, grouped them by theme and plotted them onto a stakeholder matrix that showed their level of importance to the project and how much influence each stakeholder might have on the project. This ensured that they had identified all the relevant stakeholders and helped them develop a strategy for building relationships with them. A stakeholder mapping template can be found [here](#) and stakeholder influence template [here](#).
- **Nottingham and Nottinghamshire GreenSpace System Map**
The GreenSpace team developed a 'System Map' as the start of their ambition to build a green web of connectivity. The Map identified everyone that would or could have an interest in, or contribute to, green social prescribing. This ensured that they engaged widely and beyond those that usually engage. A copy of Nottingham's system map can be found [here](#).
- **South Yorkshire – Building a Shared Definition of Green Social Prescribing.** To develop their definition of green and blue social prescribing, South Yorkshire ran a virtual consensus building workshop with stakeholders. There was a lot of debate about what constitutes green and blue social prescribing and about the terminology used.

They used a jamboard to identify the key components of green and blue social prescribing and then tested several definitions. Stakeholders adopted an agreed [definition](#), which reflected their desire to ensure that green and blue activities were a visible part of the local offer.

- **Derbyshire GreenSPring resource to engage stakeholders**
Early in their project, members of the local project leadership group developed a set of slides about green social prescribing and their local ambitions and plans. These were used at a range of local forums and meetings to raise awareness, gauge interest and build engagement. Their slides can be viewed [here](#)
- **Green Social Prescribing Vision Statements**
All sites developed a vision for their green social prescribing programme. This was the starting point for their Theory of Change and helped build consensus around the aims and ambitions for the programmes with partners. The Interim Evaluation Report highlights the importance of ensuring a clear, locally driven vision, which aligns funder requirements with local priorities. You can view the Humber and North Yorkshire and Derby and Derbyshire vision statements [here](#)

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Bringing together a Green Social Prescribing coalition

Many different organisations will have responsibilities in setting up and delivering a complex programme like GSP. Because of this, it is very important for organisations from different sectors to be fully involved in both the leadership, and the development of the strategy for delivery. It is particularly important for organisations from the health and environmental sectors to work closely together, and to share both decision-making, and power. It is important to find meaningful ways in which to involve and learn from experts by lived experience at all levels of the programme and to find ways in which to make it a positive and useful experience for people concerned.

What we have learnt
[Click here to view](#)

Actions to consider
[Click here to view](#)

Illustrative examples
[Click here to view](#)

What we have learnt:

- **Where the leadership of the programme sits can affect engagement** (for example, the health or voluntary sector). Leadership and governance are best determined by local circumstances and what works in place. Examples are outlined in the Illustrative Examples section.
- **There are lots of existing networks and organisations with valuable expertise to offer** (for example national networks, that are delivered locally, such as the [Active Partnerships](#) and [Thriving Communities Networks](#)). Sites have valued working with very local community led networks which represent the people and interests in local communities, and with green space providers. Working through these organisations increases the reach of GSP and can bring additional expertise and resource to support it.
- **Different expertise is required at different stages.** Bringing in expertise from different members according to different stages of the programme and tasks required, helps to get things done efficiently. It also prevents over reliance on a small number of the same people.
- **Engage people with lived experience from the outset:** Be guided by them as to the most meaningful and effective ways in which to contribute.
- **Decision-making and power need to be shared,** and imbalances in this openly acknowledged.

Actions to consider:

Leadership:

- **Build a 'theory of change'** to show what changes the partnership is aiming for, across people, the system, and the environment. This shows clearly what the group is working towards, together and can help to maintain focus.
- The Interim Evaluation Report highlighted the importance of embedding a system level understanding of GSP, which shows clear changes being worked towards for people/communities and the system itself.
- It is useful to identify a senior leader to be the '**senior responsible officer**' for the programme. This is someone who holds a leadership role in the Integrated Care system or can influence decision-making within the ICS. Their role is to make others aware of GSP, look for opportunities to fund and deliver GSP in local systems and to champion it as a direct route back into their system.
- It is also important to **ensure clarity in roles and responsibilities**, Terms of Reference (ToR) and membership.
- **Clarify lines of accountability and reporting:** for example, should this be directly to the Integrated Care Board or to the Personalised Care Board or the Strategic Transformation Board

Expertise and partnership:

- Forming a steering group is helpful to steer the direction of the project. The purpose of the steering group is to maintain the momentum behind the GSP schemes, and to also be accountable for its development.
- Ensure that steering groups have representation from the Voluntary, Community and Social Enterprise (VCSE) green sector, green providers and land owners, and wider VCSE organisations, the health sector at strategic and operational management levels; for example, ICS commissioners, community mental health team leads, social prescribing provider leads, GPs and from Public Health.

Engagement and inclusive practice:

- **Invest time in supporting** people with lived experience to participate in the coalition. Carry out an assessment of where there are differentials in who can have a voice, where power can be convened to those people who have expertise from lived experience and put structural measures in place to support people with lived experience to have ownership and voice
- **Offer a range of different ways** for people with lived experience to be involved to ensure that it is a rewarding and useful experience for the representative, as well as the project.
- **Work to ensure** that everybody is able to meaningfully contribute at all stages in the governance of the scheme

Illustrative examples: How others are tackling this:

- **Differences in where leadership is hosted demonstrated by Nottingham, Derbyshire and South Yorkshire.**

Nottingham and Nottinghamshire ICS chose the local CVS to host and deliver the green social prescribing programme. Nottingham CVS brought together a cross-sector partnership to provide strategic leadership. Their close connections into the voluntary sector, expertise around volunteering and championing of the voice of the community sector is helping to influence and build relationships across the system and in particular provide a bridge to build better understanding between the health and community sectors.

Derby and Derbyshire ICS also chose to host the co-ordination and management of their programme in the voluntary sector, with three small voluntary sector green providers working together to deliver the programme management function. The ICS also felt that this was an active endorsement of the sector and that it would increase engagement and credibility with the green sector. They have developed a very strong network of green providers and are working to ensure that their voice is heard within their ICS VCSE Alliance. Whilst they attend different groups and boards, it has been challenging for the project team to influence necessary change in the system at a strategic level and to embed learning about changes required to fully embed GSP. It is hoped that the second phase of the programme will provide the opportunity to address this.

In **South Yorkshire** responsibility for the GSP programme has fallen under the responsibilities of their Prevention Programme Manager. She also holds a key role in developing their ICS VCSE Alliance and partnership working between health and the voluntary sector. By contrast, she reports that she has had the opportunity to make the right strategic connections to ensure that GSP is aligned to relevant strategies and initiatives. In South Yorkshire, they have worked through trusted partners in the green sector (in this instance, the Sheffield and Rotherham Wildlife Trust), to build wider relationships with the sector.

- **Perceptions of stakeholders about where the leadership of GSP is hosted**

In the **BNSSG** site, there was a very active, pre-existing [Local Nature Partnership](#) (WENP: the [West of England Nature Partnership](#)), which meant they were well positioned in this area to set out their plans for GSP and secure the pilot funding. However, there was some initial concern raised by environmental sector partners that the requirement to work with health partners could replicate previous imbalances in power and decision-making. Raising and addressing these concerns openly, together has led, over time, to a strong and resilient partnership which is genuinely focused on the shared aim of embedding easy and equitable access to GSP for people who most need it.

Illustrative examples: How others are tackling this:

- **Working with existing networks**

BNSSG and partnership with [WESPORT](#) (Active Partnership)

BNSSG formed a strong alliance with their active partnership. This arose from a recognition that they had shared objectives to invest in the VCSE sector to deliver community activities to support social prescribing and to work to address health inequalities, in marginalised communities and areas of deprivation. They took a decision to align their respective funding streams and grant making processes to ensure that investment went to where it was most needed and could have the greatest impact for local people.

Nottingham and Nottinghamshire GreenSpace partnership

with existing networks GreenSpace invited the [Nottingham Open Spaces Forum, NOSF](#) (nosf.org.uk) to be part of GreenSpace from the start. They were involved at bid development stage and sit on the programme's Strategic Project Team. NOSF provide a valuable link into a network of green and nature-based providers in the city and are a local champion of green and open spaces.

- **Establishing steering groups**

The **Humber and North Yorkshire (HNY)** site developed a steering group to guide the development of their GSP programme, very early on. Key stakeholders developed and agreed a set of terms of reference, membership and roles and responsibilities for members. This provided clarity about the aims and objectives of the group and the responsibility of members in driving GSP forward. The HNY site example can be viewed [here](#).

Nottingham established a strategic project team and an operational project team to ensure that learning from the operational implementation of GSP was fed back to and influenced strategic developments and systems change. You can view Nottingham's team structure and membership list [here](#).

- **Reporting & accountability**

The Nottingham and Nottinghamshire GreenSpace Strategic Project Team report into the ICS Personalised Care Board. This connects green social prescribing directly into the strategic and operational leadership of social prescribing in the city and county. With the move of the Personalised Care Team into Quality Service Transformation in the ICS this further helps to embed green social prescribing locally and transfer learning for the benefit of wider social prescribing.

- **Theories of Change**

All sites developed a theory of change to set out the changes for people, the system and climate, that the partnerships wanted to achieve.

The interim evaluation report provides more detailed information about the development of the theories of change for the GSP programme and should be read as a complimentary document. You can find a link to this here (link not inserted)

Information about [how to build a Theory of Change](#) and templates can be found [here](#)

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Co-designing Green Social Prescribing: working with providers, people with lived experience of mental ill-health, and communities

The principle of co-design underpins every aspect of the GSP programme. Co-design means that people from all aspects of the programme, including those with lived experience of mental ill-health are involved in designing the features of good green social prescribing. This is essential in designing a programme which is inclusive, and accessible and helps to develop a rounded understanding of the barriers that people might face in using GSP activities and services.

It is important to ensure that opportunities to become involved in co-designing GSP are available throughout, not only at the beginning of the programme. **There are numerous benefits to properly co-designing services.**

What we have learnt
[Click here to view](#)

Actions to consider
[Click here to view](#)

Illustrative examples
[Click here to view](#)

What we have learnt:

- **Critical to success is harnessing the enthusiasm and support** for green social prescribing that comes from a number of different perspectives. For example, people with lived experience, green sector organisations, other community organisations, social prescribing teams, commissioners, etc.
- Co-design means **there is a greater likelihood of people** across the community using and engaging with services.
 - This in turn helps to increase understanding of, and connection with, diverse communities – which in turn increases the opportunities services have to address existing inequalities.
- Co-design **increases the confidence of the GSP team** when they are making decisions about which projects to fund and that services will be used by the people that they are being designed for and who the GSP project is trying to connect with.
 - The services are then delivered to the people they are intended for, in a way that makes sense to them.
- All partners need to be open to genuinely sharing decision making and power and to doing things differently.

Actions to consider:

Leadership:

- Facilitate and develop co-design opportunities **throughout the lifetime of the programme**, and throughout the implementation process, not just at the beginning. For example, service review and expansion also present good co-design opportunities.
- **Be clear** about the opportunity and parameters of your co-design project. The more concrete the outcomes, the easier it will be to demonstrate to people how you have applied the insights which they shared.
- **Commit to build the capacity of the green sector so that staff teams reflect** and are representative of the diverse communities that they serve. This may mean providing funded training opportunities so that people and groups from marginalised communities are proactively supported.

Expertise and partnership:

- **Identify 'champions'** and find different ways of engaging people in this movement.

Engagement and inclusive practice:

- **Work together** with grassroots community groups and trusted community leaders to engage widely.
- Employ their expertise and understanding of the communities which they represent to assist in developing good quality services which people will use.
- **Work in partnership** with co-design experts to engage with all sectors of the community and to run meaningful and inclusive co-design workshops.

Illustrative examples: How others are tackling this:

- **Co-design brings a greater sense of shared purpose and partnership working between providers.**

The **BNSSG** site hosted a range of community engagement events that brought together green sector providers, local communities and others interested in green social prescribing. One of the unforeseen benefits of the sessions were that providers had an opportunity to meet one another and forge collaborative partnerships. The Nordic Walking for Wellbeing Project arose from this. Details of their programme can be found [here](#)

South Yorkshire took a 'place based' approach and commissioned their local wildlife trust, Sheffield and Rotherham Wildlife Trust, to facilitate co-design activity, in each of the localities within their Integrated Care System. They did this with local people, experts with lived experience of mental ill-health and inequality in access to health services, green providers and health and social care services. Their work is featured as an example of good practice within the [NHS England Statutory Guidance to Integrated Care Systems: Working in Partnership with People and Communities](#).

Surrey Heartlands offered a range of different opportunities for people to get involved in designing their project, including an online community survey for local residents to complete. They ran a series of place-based engagement events. Working in partnership with trusted community

organisations and VCSE infra-structure organisations. This ensured that a wide and diverse range of communities and organisations were involved. They also co-designed a small hospital garden, in partnership with Surrey and Borders Mental Health Trust, with children and young people from their Child and Adolescent Mental Health Service.

The **Nottingham and Nottinghamshire** site used a co-design approach to work with green providers and Social Prescribing Link Workers to develop their [mental health levels](#). This was a very effective way to create relationships and buy-in from both referrers and providers.

- Further information about 'co-production' in the NHS and practical tools can be found [here](#)
- [NHS England Statutory Guidance to Integrated Care Systems: Working in Partnership with People and Communities](#).
- The Kings Fund feature the experience-based co-design toolkit developed by the Point of Care Foundation and details can be found [here](#)
- For a general overview of the importance of co-design in public services and a range of techniques, have a look at the [Design Council's Framework for Innovation: Evolved Double Diamond](#).
- We have a great film about co-design during the GSP programme, which can be viewed [here](#)

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Understanding need and deciding who to deliver Green Social Prescribing services to

Evidence shows that green social prescribing has multiple health benefits and can improve physical and mental health.^{6,7} Green social prescribing is also a way to engage with people from areas of high deprivation, and people from ethnic minority groups. The programme has actively targeted people who are most likely to be at risk of experiencing health inequalities; it is suitable for and can benefit, a wide range of people in different circumstances. Systems may decide to embed it in a number of different pathways (for example maternity, or diabetes pathways), depending on their local priorities. Wherever you choose to target green social prescribing, it is important to establish who your target population(s) are and to find out as much as possible about them.

The national Green Social Prescribing programme was set up to test how green social prescribing could tackle and prevent mental ill-health and the majority of the learning and examples from it relate to that. GSP can also have wider benefits, including for physical health and some of the learning will be transferable across programmes.

Reaching and engaging diverse and marginalised communities
[Click here to view](#)

What we have learnt
[Click here to view](#)

Actions to consider
[Click here to view](#)

Illustrative examples: How others are tackling this:
[Click here to view](#)

Reaching and engaging diverse and marginalised communities

Everyone, regardless of their circumstances, should be able to access the benefits of GSP. Without inclusive GSP practice, inequalities will be exacerbated and the value of diversity (such as innovation, creativity and community-led solutions) cannot be realised. There would also be less opportunity to create a sustainable GSP system where services are informed by and resonate with local people. Many groups face complex and multi-faceted or layered barriers to accessing GSP, that stack up across the system. Understanding these barriers experienced by groups is valuable to build insight and acting to address them is crucial.

What we have learnt

- Inclusive GSP practice **means engaging different voices at the strategic level** (for example, networks, programmes, governance, service planners and commissioners) as well as local providers and listening to communities.
- Diverse groups provide innovation as well as authority about what matters to communities. There are many examples of innovation across the test and learn sites which have been led by diverse groups and supported by the test and learn programme teams.
- Importance of lived experience in GSP governance and decision-making processes is key to ensure representation is threaded through at all levels.
- Offering pathways to employment and volunteering opportunities within the GSP sector for service users, and individuals who represent the local communities will help sustainability and support a strong and diverse workforce that delivers for local communities. This requires a process of being open to change at all levels of organisations and provision of clear progression pathways.
- **Inclusive practice is a shared responsibility across the whole system and not just the responsibility of green providers.** For example, there should be a commitment to co-designing services with local communities and working with them to ensure that they are accessible and welcoming, remove barriers to engagement and delivered in culturally sensitive ways.
- **Barriers to inclusion** experienced by people using services include inequalities in access to information which affects who hears about GSP activities. **Terminology** and a lack of shared language and understanding about what is on offer and how it can help can also hinder uptake. It is important to understand the different ways in which the benefits of nature and wellbeing might be conceptualised by different ethnic groups and how delivery models might need to adapt to take account of different cultural needs. For example, delivering women only sessions. There are also physical barriers, for example, lack of accessible transport, the accessibility of footpaths to get to a site and general access or reasonable adjustments that need to be made to facilitate access to and participation in GSP activities.
- Barriers experienced by green providers include things like not having knowledge or resources to successfully apply for funding; not having time or financial resilience to work on their business and how it is delivered, at the same time as actually delivering services. Inclusion may be implicit within an organisation's values, but staff may have varying understanding about diversity, inclusion and equity which can impact the potential to be truly inclusive.

Actions to consider:

Leadership:

- To build inclusive GSP practice, networks should build inclusion into their terms of reference and create charters that set out how they will ensure meetings are inclusive. For example, being 'disability aware' means ensuring people who come to meetings are asked about whether they have any accessibility requirements; ensuring presentations are shared with captions; allowing different ways for questions to be asked, to name just a few ways accessibility of meetings can be enhanced.
- Equality, Diversity and Inclusion (EDI) training could be provided for networks of green providers working together. For example Nottinghamshire Walking Network that has been developed as part of the Greenspace Nottingham pilot has been doing EDI training; BSSNG is running a disability awareness session on reasonable adjustments.
- Ensure that inclusive recruitment, retention, and progression processes are adopted across the GSP system to build an inclusive and representative workforce.
- Address potential barriers to service uptake at the outset, when designing GSP services. For example, deliver services near to where people live and public transport links, so that people are not excluded because they can't get to or afford to get to GSP services.

Expertise and partnership:

- Find and work with new partners in the local community, who represent their community or are connected closely to local groups; build trust, ownership and innovation.
- Many providers have accessibility statements. It is good practice to make these openly available to service users, with the steps set out that will be taken to ensure accessibility.
- Publish your equality objectives in a way that is clear for service users to see. This could be accompanied by a statement of how these objectives are being met.

Engagement and inclusive practice:

- Putting equality, diversity and inclusion as regular agenda items, at all levels of organisations, or having a rotating equality, diversion and inclusion spotlight theme will lead to important discussions and raise awareness and understanding.
- Provider and network co-ordinators could ensure there are regular opportunities for listening to representatives from a range of groups to hear their views about what they could do to tailor GSP to meet their needs. A key consideration is managing expectations and setting out clearly how their views will be taken account of.

Actions to consider:

- Commitment to build new partnerships in order to facilitate greater ownership of and representation by different groups may mean doing things that may be out of our comfort zones or appear counter to inclusive practice. For example, women only or men only activities may appear to be exclusionary. However, we know from feedback that this can create an important and safe space for individuals; and provide a valuable way of building inclusion into programmes.
- There may be language barriers for service users, which prevent them from taking up GSP. Information needs to be presented in a way that can be easily translated, without acronyms and jargon. Sharing information about the languages spoken by participants and leaders of GSP can be helpful to see for new participants. Moreover, consider how you can adopt 'plain English' which works for people who have different levels of proficiency in reading and speaking English.
- It also means valuing their contributions and the expertise they bring. Engagement processes, such as online meetings or network events, can sometimes be barriers for the people you want to engage with. To respond to this, the test and learn sites created new engagement processes to engage with new partners, on their terms.



Illustrative examples: How others are tackling this:

- The **BNSSG** team recently ran a disability themed EDI session to help create recommendations about how to make reasonable adjustments to increase access to GSP activities for people who have disabilities and mobility difficulties.
- The **South Yorkshire** site carried out in-depth insight and stakeholder engagement within the local community to co-design its GSP programme. Representation and feedback from diverse groups from the local community were important to take account of diverse perspectives about what makes good GSP. Different groups need vastly different approaches when designing GSP. Doncaster Council's Diversity Inclusion Officer helped to make introductions to Community Champions at an Ethnic Minorities Partnership Meeting. This is where the team met a group called Changing Lives from Doncaster who became a key partner for the test and learn site. Changing Lives is a group that works with around 240 ethnic minority women from 33 countries and have 15 languages between them. Changing Lives fed back valuable insights about how GSP could be designed so as to be inclusive for them. Changing Lives fed back that childcare provision had to be factored in which was critical to allow the women to engage. They fed back they felt safer to access space in groups, with support. Financial barriers were removed by introducing free-to-access local green space. By raising awareness of GSP with these women, there was a knock on effect as they shared their experiences through "word of mouth" within their communities.

They also fed back that they would find it hard to get to meetings with social prescribers. As a result of this feedback, the Social Prescribing Manager in Doncaster agreed to try something new. Instead of expecting members of this group to attend the usual clinics offered they agreed to go to Changing Lives in central Doncaster. There was established trust between the women and Changing Lives, which helped link workers to also establish relationships. The intention was to attend twice a week to pick up referrals. However, higher numbers than expected engaged at the first session, many of whom had complex housing needs. Learning from this engagement work is informing next steps.

The test and learn site realised that early engagement with groups such as Changing Lives was important to ensure their voices were fed in at the earliest opportunity and not at a later stage in the planning, which can leave groups feeling like they are engaged in a 'tick box' exercise.

Moreover, in-person meetings were crucial to building relationships, and emails were not always helpful. Meetings were held after work or at the weekend and at a time and place requested by individuals or groups. It took time to build relationships – building trust requires the ability to spend time getting to know people and being consistently available and engaged. This led to stronger and more sustainable partnerships, which crucially enabled individuals and groups to have greater ownership of the way in which GSP was delivered so that it was be easier to access for them.

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Understanding mental health, and local mental health needs

Mental ill-health is a term which encompasses a broad range of needs. It may mean different things to different people.

It is important to clearly define who the GSP activity is provided for, and when it might not be appropriate to offer GSP, and for this definition to be shared by both referrers, and those providing the green activity. This will help to ensure that referrals are appropriate, and participants are referred to providers who are best placed to work with them. The aim of GSP here is to prevent worsening mental health. GSP might have a role, alongside other treatment and support, even when someone has been very unwell, as part of their recovery plan.

What we have learnt

[Click here to view](#)

Actions to consider

[Click here to view](#)

Illustrative examples

[Click here to view](#)

What we have learnt:

- It is important to **develop a definition of mental ill-health and a set of 'mental health levels'** for each area's implementation of GSP to provide some guidance about when it is appropriate to offer someone green social prescribing.
 - This may either be to offer this alongside other treatment, or to increase the choice of mental health support available. There is a link to our definition of mental ill-health [here](#)
- **Defining mental health levels increased the sense of shared responsibility and shared risk management** between providers and referrers because they'd worked together to develop these and, in some areas, continued to meet with mental health colleagues for support.
- This approach **reduced the likelihood of 'inappropriate referrals'** (referrals that might be better managed elsewhere) and green providers feeling unsupported or expected to deal with higher levels of need than they are able to work with.
- Mapping green providers against levels of mental health need will **help to inform an analysis of supply and demand** and this will be useful in planning for the spread and scale of GSP.
 - Defining mental health levels improves understanding and visibility of wider mental health support services available locally.

Actions to consider:

Expertise and partnership:

- Develop a **shared definition** of mental ill-health, and **clear descriptors of need** ('levels') for the people who will benefit from the GSP programme.
- **Discuss with local green providers the level of support they can provide** against your levels of mental health need. This will help with understanding gaps in local services, and will be useful for planning provision, and future scaling up of that provision.
- **Work closely with colleagues from mental health services, and green activity providers** to ensure appropriate levels of support and supervision, including supporting the mental health and wellbeing of referrers and providers. This close work working often requires time, and sensitive engagement.

- **Offer regular forums** to discuss case work with subject matter experts.
- **Connect providers to local training** and awareness raising.

Engagement and inclusive practice:

- As always, **ensure you are including people** with subject matter expertise, and experts with lived experience.

Illustrative examples: How others are tackling this:

- Most sites have mental health expertise within their GSP teams, either seconded in from the mental health trust (as in Nottingham and Nottinghamshire and Humber and North Yorkshire (HNY) sites), or delivered as part of the programme, for example, as in Bristol, North Somerset and South Gloucestershire and Derby and Derbyshire. Involving staff from the mental health trusts and who have that expertise has provided a valuable role in supporting the development of the programme. They have helped raise awareness of mental health across the green social prescribing workforce, provided support to the workforce and have helped forge relationships and identify opportunities within the mental health pathway to embed GSP.
- Mental health colleagues have developed clear descriptors of mental health need and whom the services are not suitable for, as in the Humber and North Yorkshire example, or co-designed these with mental health practitioners, SPLWs/referrers and green providers (as

in Nottingham and in Derbyshire) Examples of mental health levels are [here](#), and [here](#).

You can also view a short film [here](#), which describes how the mental health levels were developed in Nottingham and Nottinghamshire and their importance in the programme.

- Humber and North Yorkshire have developed 'Clinical Cohort Criteria', available [here](#). These were developed by a psychologist from the Mental Health Trust to the GSP team. It has provided guidance to referrers about who to refer to GSP and has reassured green providers that they won't be asked to work with people in crisis.

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Increasing Physical Activity

Physical inactivity is associated with 1 in 6 deaths in the UK and is estimated to cost the UK £7.4 billion annually (including £0.9 billion to the NHS alone). We recognise that addressing levels of inactivity may have been identified as a key approach to supporting local health and care priorities. Green social prescribing can support people to move out of inactivity (defined as less than 30 minutes moderate intensity physical activity per week) and contribute to supporting people to build up to the recommended guidelines of 150 minutes/week, recommended by the [UK Chief Medical Officer](#), for those that are able to do so. Engaging in GSP can help increase the opportunity to move more and become physically fitter without having to focus on ‘getting fit’ and increase the opportunity to improve physical health and address health inequalities across the population.

As well as helping to prevent mental ill-health, it can form part of a treatment or rehabilitation plan to help people manage long term conditions, which affect their mobility and physical health and could be

usefully offered in a range of pathways. Opportunities might include diabetes care, falls prevention etc.

There is a large and well-established evidence base which demonstrates the contribution of sport and physical activity to better mental health and wellbeing, by:

- Improving levels of enjoyment and happiness
- Improving life satisfaction
- Increasing self-esteem and confidence
- Reducing anxiety, stress or depression
- Improving cognitive functions
- Dementia prevention and treatment

Further evidence about the impact of physical activity on physical and mental health and other useful reports and resources can be found in the ‘Links to more resources’ section.

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Forming trusting partnerships between referrers and providers

It is important to take time to build understanding and trust between referrers and green providers to ensure that the value that the VCSE sector offers is fully recognised; to increase, and make consistent, the numbers of people referred to green social prescribing activities; and to ensure that new services are not set up or commissioned that duplicate existing provision.

It is therefore essential that **referrers** (such as Social Prescribing Link Workers, or others) are aware of the green provision available in their area, to understand what each provider offers and who it is suitable for. And in turn, **green providers** need to understand the referral process,

such as who will refer, the likely number of people that they can expect to be asked to work with, and clear information about the people referred to them.

Bringing together referrers and green providers to work together and form trusting, and sustainable, relationships with each other is key to the success of implementing GSP. On the GSP programme, sessions to support this have often also been co-facilitated by colleagues with mental health expertise: concern about mental ill-health and how to support people experiencing mental ill-health most effectively has been a unifying theme for both referrers (SPLWs) and green providers.

What we have learnt
[Click here to view](#)

Actions to consider
[Click here to view](#)

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[Click here to view](#)

What we have learnt:

- **Understanding green provision locally** will give referrers confidence that the service will meet their clients' needs, be of good quality, safe and effective.
 - Assurance that the service continues to operate, and has capacity to take new referrals, is also important.
- Working with **trusted partnerships** can help to engage wider groups of providers. Examples include the Active Partnerships, the local Wildlife Trust and smaller very local community groups.
- Green providers need **clear referral information**. This will include the person's history, needs and preferences. This information helps providers to assess whether they are the right organisation to support someone.
- Having a **strong and trusting relationship between referrers and providers** allows them to work together to offer the best support for someone, whether that is within their own organisation or in collaboration with another one.
 - This will help to avoid inappropriate referrals.
 - And it will help to embed GSP in the system, as it will avoid referrals coming solely from one or two enthusiastic referrers.
- **Lack of knowledge** of smaller providers, or those who haven't been commissioned in the past, or of how to work with health and social care systems, such as who to talk to about referrals and commissioning, power imbalances, and differing organisational cultures and priorities all might adversely affect relationships between referrers and providers.

Actions to consider:

Leadership

- Build common purpose. For example, provide the best support for a shared client group and shared language about their work together, as the Nottingham site did for the GSP programme by developing the mental health levels [here](#)
- Offer regular, facilitated, practice sharing and support sessions, which promote good practice and offer support to solve problems together.
- Provide practical help. For example, resources that explain the benefits of GSP, evidence summaries and directories of local green providers.
- Celebrate the good news stories and local case examples together and deliver a communications campaign which promotes these more widely.

Expertise and partnership

- Offer regular opportunities to bring referrers and green providers together so that they can get to know one another and understand more about each other's roles.
- The partnership requires ongoing support to develop and be sustainable: both groups need to engage continually, not just at the outset.

Engagement and inclusive practice

- Offer taster and site visits. Offering the opportunity for referrers to meet their clients at green providers' venues or green spaces.
- Co-location where possible. For example, a Social Prescribing Link Worker being able to deliver a 'one stop' shop and being able to meet their clients in a safe, attractive outdoor environment led to a significant increase in GSP referrals and several collaborative projects between the two organisations.

Illustrative examples: How others are tackling this:

Nottingham and Nottinghamshire GreenSpace Trusted Providers Scheme

Nottingham GreenSpace regularly brought green providers and Social Prescribing Link Workers together to understand how to make it easy to refer people to green and blue activities. As a result they developed a 'Trusted Provider' scheme that provides a menu of choice for participants and referrers, helps ensure appropriate referrals and builds confidence between referrer, provider and participant. The Trusted Providers Flow Chart is available [here](#) and the checklist [here](#). If you would like more information about Nottingham and Nottinghamshire's Trusted Green Provider Scheme, please contact: Greenspace@nottinghamcvs.co.uk

Derbyshire engagement presentation

A presentation [here](#) from Derbyshire, which sets out the objectives of the programme locally and asks how partners might contribute. This has inverted the sense of having to report progress and enabled more fruitful conversations with partners.

Greater Manchester GSP Engagement events

In Greater Manchester, programme co-ordination and networking has been shared with five anchor organisations in the local community. They've worked together to run a series of public engagement sessions in city centre parks and green spaces, to provide information about GSP and short taster sessions. The purpose has been to increase both public and professional awareness of the benefits of GSP and to hopefully increase the number of people that are referred to and benefit from GSP. [A short film](#) developed in Greater Manchester shows how providers are working together to provide a network of GSP services for local people.

Greater Manchester lead provider model

One of the anchor organisations in Greater Manchester has taken a co-ordinating role to ensure that strong relationships are built between referrers and a wide range of smaller community providers. Lancashire Wildlife Trust acts of the conduit for health service referrals into community groups in Philips Park, providing the connection to a range of smaller groups, based on the needs of the person being referred. This results in people being connected to the most appropriate services for their needs and reduces the number of relationships which the time-poor green providers and referrers need to forge and maintain. Their approach is described in this [case study](#) and can also be viewed in this [film](#).

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Building capacity and capability across the Green Social Prescribing workforce

For purposes of this programme and toolkit, the GSP workforce includes everyone involved in the process of connecting someone to green activities in the community. This includes Social Prescribing Link Workers or others who connect people to community resources. It also includes organisations which deliver nature-based interventions or green/blue social prescribing activities. All elements of the green social prescribing journey are important, from the ‘what matters to you’, personalised conversation or act of ‘prescribing’, active connection and support to attend a GSP activity, through to the delivery of the ‘prescription’ or green activity itself. This section is split into key learning and actions to consider for working with referrers, and then for working with providers.

What we have learnt
[Click here to view](#)

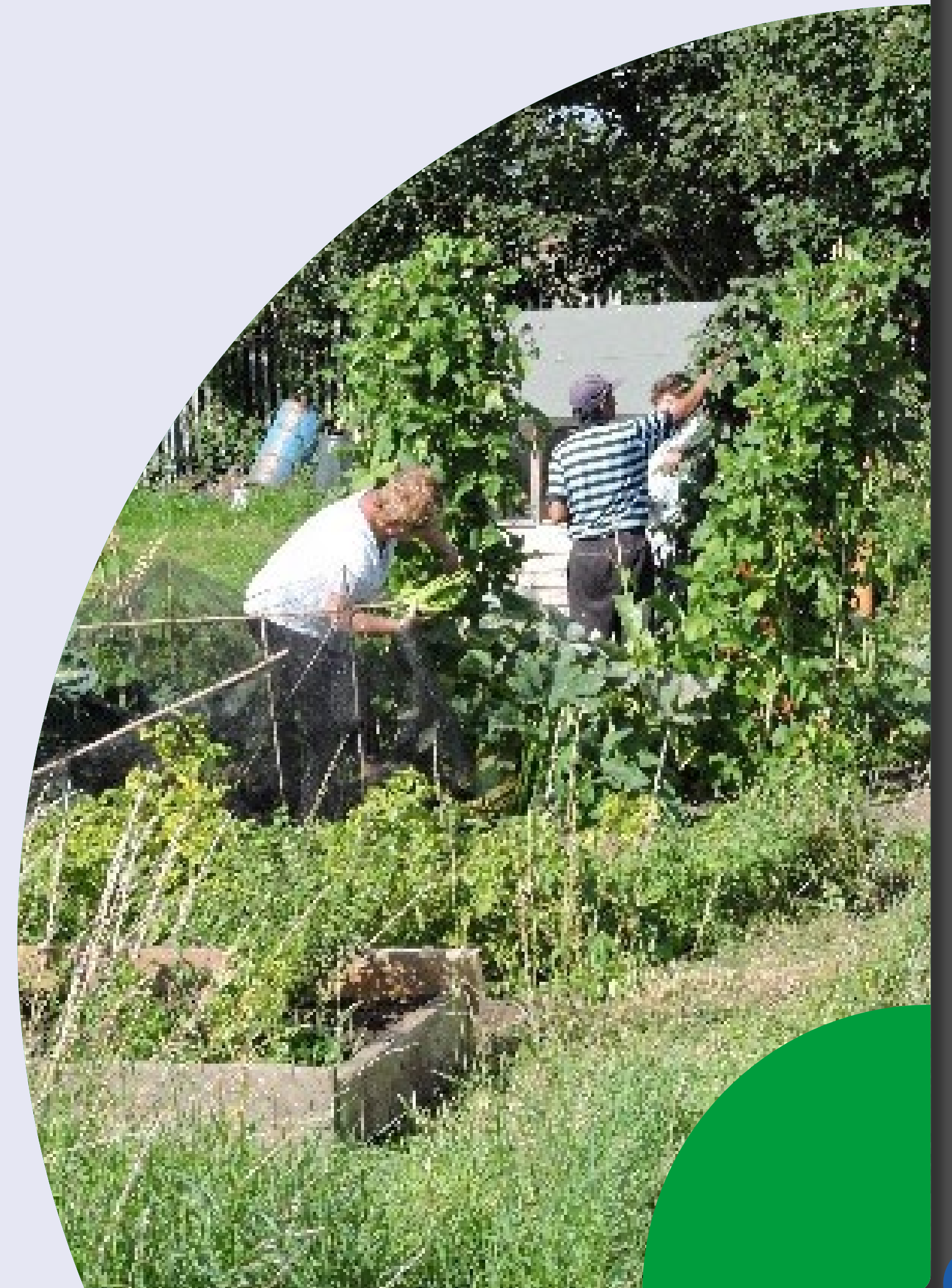
Actions to consider
[Click here to view](#)

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What we have learnt

Working with referrers:

- Raising **awareness and understanding of what green social prescribing is and its benefits** is critically important to **win the hearts and minds of those who might refer people**. It can be time consuming, nurturing these relationships and keeping GSP at the top of people's minds, but is essential. Raising awareness and finding advocates at all levels of an organisation is important to lead and drive changes in attitudes and behaviour, such as willingness to refer and influencing referral patterns.
- Individual **Social Prescribing Link Workers who are motivated and interested in GSP, currently refer people to GSP** activities and there is evidence to show that they are responsible for the majority of referrals from their organisation, rather than referrals being routinely made across the organisation.
- Changes to internal processes, like additions to operating procedures, referral flow charts and checklists have to come from within partner organisations.



What we have learnt

Working with green providers:

- There is a very wide diversity of independent green providers ranging from sole traders (i.e. individual practitioners) to established small/medium sized VCSE sector organisations, including charitable and community interest companies; their facilities also vary from small community allotment plots to large-scale dedicated therapeutic gardens, woodlands and farms.
 - The majority of providers are more equipped, confident and competent to deliver at the earlier intervention and prevention end of the spectrum; some have specialist training and experience to engage with people who may have more complex needs.
 - Mental health awareness and mental health first aid training has been welcomed by those delivering at the earlier end of the spectrum.
 - Providers value the support of multi-agency colleagues and opportunities to share good practice and trouble shoot together have been well received.
 - Some organisations are reliant upon a largely volunteer workforce whilst others employ trained practitioners to lead service provision; workforce policies and practices will exist at different levels of maturity.
- Business models vary but sustainability is a unifying issue across the sector, with the majority dependant on fundraised and grant income.
 - Career progression pathways are informal and limited. Terms and conditions vary according to the provider.
 - The workforce isn't currently very diverse, and the sector has historically attracted career changers in midlife, or retirees who have to have a level of financial security to be able to change in direction.
 - There are several organisation representing different types of green providers who offer guidance and training on standards of competency and practice. For example, [Green Care Quality Mark](#); [Quality Assurance for Social Prescribing guidance](#); [training in social and therapeutic horticulture](#). Local providers also work together and share standards and resources.
 - The sector doesn't have a governing body, though there are some sub-groups and alliances within it, for example, the Green Care Coalition ([here](#)), members of which are working to establish a professional body for Social & Therapeutic Horticulture Practitioners.
 - Supporting existing local green networks or building networks of green practitioners in a place has been important to help increase the visibility of the sector and provide a practice sharing forum.

Actions to consider:

Leadership

- Deliver multi-agency awareness raising and training sessions, to encourage cross sector relationship building. Engage partners at all levels of the system, so that there is strategic and operational support for GSP and any changes to operating procedures, systems and processes that may be required.
- Developing resources and directories of local GSP services have helped with the crucial task of raising and maintaining awareness of GSP with referrers. Providing resources to support practitioners to explain the benefits of GSP to the people that they work with, and directories of local green providers has helped. (For examples, see BNSSG Green Providers Directory and Derbyshire's GreenSpring prospectus of green providers [here](#) and [here](#). Greater Manchester's list of approved GSP providers can be viewed [here](#)).
- Encourage collaboration between ICS partners and local green providers to develop a shared picture of local green provision and demand.
- Offer in person and immersive sessions in nature, for potential referrers to experience the benefits for themselves, as this appears to increase the likelihood of future referral.

Expertise and partnership

- Encourage partners to take responsibility for embedding awareness raising and training into the partner organisation CPD (continuing professional development) frameworks longer term, for example, to embed it in induction training to make sure that expertise isn't lost as staff move on.
- Encourage partners to embed GSP into supervision and support processes. For example, for line managers to check how referrals to GSP are going, address practical barriers like workload pressures and explore attitudinal or cultural barriers, like staff not believing that GSP is a useful way to tackle and prevent mental ill-health.
- Remove some of the internal barriers to referrals, such as workload pressures and competing priorities, which prevent people from engaging with green social prescribing.
- Monitor referral numbers and encourage staff to refer people, when appropriate, to support their mental health and wellbeing
- Provide practical tools and resources to support day to day practice.

Actions to consider:

Engagement and inclusive practice

- Map what the green offer comprises, how much capacity is available and whom it is suitable for. Also work together to develop an understanding of the development potential of the local green sector and any support required to expand.
- Ensure that multi-agency training like safeguarding training and mental health first aid is available and promoted to and taken up by the green sector.
- Ensure that green sector business development requirements are considered by local enterprise partnerships and that Local Authority economic growth and business support programmes target green providers.
- Work together to secure sustainable investment in the sector, for delivery, capital developments and expansion.
- Building other relationships: community support with green social prescribing can be very valuable, and help to raise money for activities, and recruit volunteers. This is also important for capacity building.



Illustrative examples: How others are tackling this:

Example 1: **South Yorkshire** co-designed and delivered a suite of online training and awareness raising sessions during the first year of the programme, when Covid restrictions applied. They commissioned Sheffield and Rotherham Wildlife Trust to deliver this work and they worked with Social Prescribing Link Workers to develop and test the resulting sessions. They've subsequently delivered in-person, immersive sessions in response to requests from partners and this has been successfully received. An outline of their awareness raising sessions is available on the [Sheffield and Rotherham Wildlife Trust](#) website, in the 'Discover' section.

Example 2: Greater Manchester have developed a shared GSP site which hosts a range of tools and resources developed locally, to support GSP. Events and provider training opportunities are regularly advertised on the site, which can be viewed [here](#).

Example 3: **Surrey Heartlands** have recently delivered training for health practitioners. This is leading to increased referral numbers, with the increased awareness and a request for Green Health sessions to be embedded within the staff wellbeing offer at Surrey Heartlands ICS. You can click [here](#) to view the awareness raising webinar recorded for health practitioners and clinicians (1 hour long).

Example 4: **Nottingham and Nottinghamshire** decided that the GSP project would be part of the Mental Health Transformation Programme from the start. This [short film](#) (4 minutes long) explains why they did this and how it's affected the development of their programme.

Example 5: The **Bristol, North Somerset and South Gloucestershire** site is spread across a large and demographically varied geographical area. They engaged with and funded a large number of small, hyper-local community providers to deliver GSP activities for people of all ages in their ICS. Being able to provide brief information about what each project delivers and how to refer to them has been very important to ensuring that lots of people across the community can access GSP activities. You can see the directory that they developed for the programme by [clicking here](#). Regular networking sessions, both virtual and in-person, have also helped to raise awareness of and referral to, the different green activities.

Illustrative examples: How others are tackling this:

Example 6: **Nottingham and Nottinghamshire** developed a suite of resources for both green providers and SPLWs and other potential referrers. They realised quite quickly that awareness raising alone wasn't enough to generate referrals and that providing resources that people could refer to in the course of their day-to-day work was critical to maintaining awareness and increasing referrals.

Resources for the green providers provided details of their Trusted Provider Scheme [here](#) and [here](#) and development support and funding available to them. If you would like to know more about Nottingham's Trusted Green Provider Scheme please contact: Greenspace@nottinghamcvs.co.uk.

Key aspects of both resources were brought together to form the 'Big Green Book'. Click [here](#) to have a look.

Example 7: On behalf of the national GSP programme, **BNSSG** are developing a set of e-learning modules and resources for health practitioners. It is anticipated that the final product will be available on several e-learning platforms, like the BMJ and e-learning for health platforms, after they have been fully tested.



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Making use of, and building on, best available evidence to support Green Social Prescribing

Most practitioners and commissioners agree that it is important to understand whether an activity is benefiting someone or not. Practitioners because they want a positive experience and improvement for the person attending and commissioners because they want to understand where to invest their money to best effect. Because of this, those planning and commissioning services often want to demonstrate the cost effectiveness of and economic value of delivering a particular type of intervention, as well as the improvements for an individual. For example, it is common to be asked to demonstrate impact on the use of health services, and on the cost of care packages and savings made as a result of offering people GSP instead of a more traditional mental health intervention, like talking therapies.

It is challenging to do this in a robust way, within short timeframes.

In this section, we share some of the challenges associated with the existing evidence base and difficulties involved in adding to it. The learning from practice, set out below, is also in the GSP Interim Evaluation Report.

Links to key evidence, including evidence generated by the national programme, and detailed information about how to conduct evaluation can be found in the ‘Useful Links and Resources’ section.

What we have learnt
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What we have learnt

- The existing evidence base for GSP is emerging. However, there is evidence that shows mental health benefits of GSP and the health benefits of contact with nature. Because of the design of studies, sample sizes and other variables, it isn't possible to establish a direct causal relationship and further longer term research is required.
- Because several organisations are working together to support someone to connect to green social prescribing, it can be complicated to map the individual's journey and to gather appropriate information at the various stages.
 - Different organisations and roles are involved at different times. For example, a Social Prescribing Link Worker or another referral organisation may make the referral, and then a green provider delivers and monitors the effectiveness of the intervention for the individual. This can lead to difficulties around information sharing, consistency and the format of data recorded by different agencies.
- Cultural differences and expectations between health and green sectors: the health sector is very data driven and some green sector providers feel that carrying out paper-based evaluation activities and asking questions about mental health and wellbeing might undermine the benefits of nature connection.
 - These expectations include those of the health sector often requiring robust clinical level data when GSP is a non-clinical intervention.
- GSP activity is diverse, covers a lot of different activities and works with people with a wide variety of different needs, and there is no one agreed standard set of measures to capture this. There are differences of opinion about which measures to use to measure health impact and then associated barriers in the confidence and skill level needed to use them. In turn, this affects the quality and consistency of data that we can collect.

Actions to consider:

Leadership

- Invest in training (where necessary) to enable referrers/SPLWs and green providers, to gather robust evaluation information in a consistent way and embed its collation into day-to-day practice.
- Allow time and flexibility in the role to enable capture and collation of this information.
- Ensure that investment in green activities includes funding to enable green providers to engage in co-design activities to develop an agreed suite of outcome measures for GSP, in the Integrated Care System.
- Work together to change the culture and narrative around evaluation expectations.
- Agree what is an acceptable type and level of evidence.
- Any evaluation should be part of the intervention and delivered as part of it, not as a tick box exercise at the end of the intervention. It is important to design an evaluation at the same time as designing the delivery, and this can help with understanding the aims and objectives of the project. Evaluation activity and delivery both need to be funded in the VCSE sector.

Expertise and partnership

- Value different formats of evidence, such as case studies and impact stories, and hearing live from people with lived experience and providers. Assess how these 'fit' into the narrative that describes a programme.
 - They quickly bring the impact from a programme to life, for example. Films, stories, testimonials, infographics, pictures or photo diaries can engage decision-makers at an emotional level, and give them something tangible to talk about when making the case for investment.
- There needs to be agreement on what needs to be measured, and why. If there is too much information to collect, this can lead to difficulties for the provider, and this can in turn be a barrier to effective measurement and evaluation.
- If using a measurement tool, work with providers to understand what the best quality measure is they can use, don't have to pay for, and is acceptable to their participant.

Engagement and inclusive practice

- System leaders and commissioners need to understand which evaluation methods are most acceptable, accessible and free for providers to use.
 - Co-design of evaluation methods is important – not to impose these, but also to build skills and capacity for evaluation in the sector.

Illustrative examples: How others are tackling this:

Co-designing data collection processes

- **Bristol, North Somerset and South Gloucestershire worked with green providers to design the data set and agree outcome measures** to be used for the project. Some providers were not familiar with using standardised tools and to maximise the potential for success, they agreed a common set of demographic data and that two domains of the ONS 4 measure would be used to collect pre and post activity information about mental health and wellbeing. They also agreed to focus more on creating strong impact stories and all providers are contracted to provide the agreed data and quarterly case studies.
- The ONS suite of questions is [here](#) and the link to the short form Warwick-Edinburgh Mental Wellbeing Scale is [here](#) (permission needed).
- **South Yorkshire ran an evaluation workshop for referrers and providers** to explore levels of understanding and experience in using outcomes measures. They were supported by national evaluation partners and wanted to build capacity at a rate that was comfortable and acceptable to their providers. Their workshop materials are available to view ([here](#))
- **The Humber and North Yorkshire** site wanted to collect data for a cohort of people who were waiting for mental health services support. They commissioned an academic institution to develop their

evaluation process for them and to collect and analyse the data, to ensure that they would have robust evidence. However, the academic language used in the consent form which people had to sign to take part in the evaluation proved to be a barrier to recruitment. Despite attempts to reframe the information, Social Prescribing Link Workers found it difficult to explain the purpose and responsibilities involved in taking part in the evaluation and many found it difficult to build the recruitment process into their general conversations and interactions with people. Their experience reinforces the learning above that successful data collection and evaluation has to form a natural part of the intervention and not be undertaken as something separate or as a 'paperwork' exercise.

- **The Humber and North Yorkshire** site have started to work with a small group of community providers from ethnic minority backgrounds to co-design a set of suitable and culturally appropriate outcomes measures that capture the impact of GSP for their communities.
- Some sites have been **sharing case studies and impact stories** with their boards to bring the impact and learning to life and to demonstrate the power of these qualitative evaluation methods, alongside quantitative data. For example, Humber and North Yorkshire & BNSSG start every board meeting with a GSP case study; either presented as story that is read out or in a film, to show the power of impact stories and encourage commissioners to consider other types of evidence.

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Supporting national strategy and local priorities

Green social prescribing works towards a range of national policy objectives, across both health and environment, and can be applied in different pathways to help Integrated Care Systems (ICSs) meet their core responsibilities and local system priorities. (Further information about the core responsibilities of ICSs can be found [here](#))

Demonstrating the fit to national policy and local priorities will help ICSs to see where GSP might fit locally; help make the case to support and sustain existing schemes and help to inform the focus of new schemes. National policy sets the mandate to support local systems to deliver it.

What we have learnt
[Click here to view](#)

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What we have learnt

- Green social prescribing has cross-cutting relevance to a number of policy areas. For example: the NHS Long Term Plan ([found here](#)), The 25 Year Environment Plan ([here](#)), Environmental Improvement Plan ([here](#)), Levelling Up ([here](#)), Tackling Loneliness Strategy ([here](#)), Uniting the Movement strategy ([here](#)) and Active Travel plans.
- Further information about Active Travel can be found [here](#).
- Further national policy links are expected which will be relevant to GSP: [The Major Conditions Strategy](#) and a Suicide Prevention Plan.
- Social prescribing and green social prescribing can help ICSs to meet their core objectives to:
 - Improve population health and healthcare
 - Tackle unequal outcomes and access
 - Enhance productivity and value for money
 - Help the NHS to support broader social and economic development
 - Further information about how green social prescribing can contribute to this is available [here](#)
- GSP can provide a tangible example of how ICSs can deliver greener models of care for their Green Plans. More information about the Greener NHS strategy can be found by clicking this [link](#).

Actions to consider:

Leadership

- Join up health and environmental policy to enable the ‘ingredients’ required for a successful GSP programme, to be prioritised. For example, the preservation of green space and the recognition of the importance of access to green space to benefit the health and wellbeing of people and communities.
- Take a cross sector approach to ensure that the interconnectivity between objectives in different departments is visible and enhances the success and outcomes of different initiatives. This is important because outcomes and cost savings are sometimes realised by different parts of a system, not necessarily where the change is being delivered.



Illustrative examples: How others are tackling this:

- GSP offers physical and mental health benefits and can be easily applied to a range of local priorities and embedded in different parts of the health system. For example:
- GSP could be offered to patients awaiting elective care procedures to help them to 'wait well' and to help them get fit or remain fit for surgery. They would also gain from the mental health benefits of being with other people and connecting to nature.
- There are examples across the country of nature-based interventions being offered to cardiac patients, including in the Humber and North Yorkshire test and learn site.
- There is the scope to embed in other priority areas, like community discharge, like in this [example](#) from Nottingham and Nottinghamshire Integrated Care System, whereby social prescribing was made

available to A&E patients to address the wider social, practical and emotional issues that impact their health and wellbeing, as part of an initiative to reduce increased A&E attendances during the Winter period. GSP could easily be applied to other priority pathways, like Frailty and Falls Prevention pathways.

- It is currently being piloted as a response to reducing Winter pressures to avoid admission and prevent re-admission by embedding it at primary care level and discharge planning when someone goes into hospital.
- The Bristol, North Somerset and South Gloucestershire site is offering GSP in its peri-natal pathway to support women during pregnancy and postnatally.

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Embedding Green Social Prescribing in health and social care

GSP can be offered in a wide range of circumstances to support improved health and wellbeing and the evidence supports this. Local priorities will determine which pathways GSP might be offered in and how people might be referred to GSP.

Embedding it requires a commitment to test and adopt new ways of working, systems, and processes.

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What we have learnt

- **There is the potential for the broad application of green social prescribing across client groups, lifespan and pathways.**
Agreeing referral protocols between referrers and providers will support this, along with clear information about what constitutes an appropriate referral; how 'inappropriate' referrals are managed and how additional support for someone might be found if their needs change after they start attending.
 - **Encouraging referrals from a range of different sources allows greater reach and engagement in GSP.** Working with community leaders and grassroots community organisations means that people who wouldn't usually use primary care services, can still benefit from GSP. See Nottingham's user journey and referral map [here](#).
 - **Cross sector leadership at all levels of the system is required.** Leadership is required in referring organisations to drive changes to practice; systems and processes; culture and behaviours and embed new ways of working so that they become business as usual. It is also needed to advocate for resources and investment to support GSP.
 - **Strong and trusting relationships between referring organisations and providers underpin how successfully GSP will be embedded in a referral pathway.**
- Things which help to improve referral pathways and successful take up of GSP services include:
 - Experiential and taster sessions for referrers.
 - Visits to green providers with potential clients to build relationships between the referrer and provider and to help the client to become more familiar with the setting and activity.
 - Referrers can help to identify areas of strength in providers, as well as areas that could be developed further.
 - **A whole system approach which delivers a spectrum of green provision is needed.** For example, one which offers a range of universal, open access activities, like community gardening, allotments, and walking for health schemes, to benefit public health at one end; through to structured therapeutic green social prescribing interventions or 'green care' activities such care farming and social and therapeutic horticulture for people with higher levels of need, at the other.
 - As part of this, there needs to be the ability for people with mental health needs to 'step down' from structured green social prescribing interventions and find ways to build nature-based opportunities into their daily lives and recovery strategies. This also helps to prevent blockages in the system.

What we have learnt

- **The importance of ‘winning hearts and minds’**

- It is important to communicate the vision and demonstrate that the organisation values personalised approaches and social prescribing. Support is needed for operational managers to enable adoption.
- It can be challenging to embed GSP in established pathways and it requires a lot of awareness raising work and dissemination of evidence of effectiveness.
- Providing lots of opportunity for people across organisations to work together; both at strategic and operational levels, helps to build understanding.

- **Operational managers can help by:**

- Supporting practitioners to embed GSP into their work.
- Being clear about the changes required, for example to routinely offer GSP, alongside other ways of supporting mental health.
- Modelling ways to discuss GSP with people worked with and address questions or concerns raised.
- Enabling staff to engage in GSP immersive or awareness raising sessions.
- Talking about green social prescribing, referral figures and barriers to referral routinely in team meetings and supervision sessions.
- Removing barriers to making referrals to green social prescribing, such as workload pressures or trouble-shooting practical issues like transport and access to local provision.

Actions to consider:

Leadership

- Ensure that people with different roles and levels of responsibility in Integrated Care Systems are involved, for instance, strategic leaders and commissioners, operational managers and practitioners.
- If you are starting a new GSP programme or trying to strategically embed several small projects, deliver it as a change programme and be explicit about the need to do some things differently.
- Identify a Senior Responsible Officer to champion and drive the programme.
- Make practical changes to operating procedures and systems and processes to support the implementation of GSP.
- Offer proportionate quality assurance information, like a checklist of standards that green providers meet. For examples, please see [Nottingham's Trusted Provider Scheme checklist](#) and the [GreenCare Quality Mark](#). If you would like more information about the Nottingham and Nottinghamshire Trusted Green Provider Scheme, please contact Greenspace@nottinghamcvs.co.uk. Details of the GreenCare Quality Mark are available via the link.
- Hold organisational accountability for how GSP is being implemented. This includes securing investment and resources, like training, required to support it. Embedding GSP awareness raising into induction training, Continuing Professional Development frameworks and organisational supervision and support processes.
- Mandate new operating procedures and changes to systems and processes. Clarify changes in guidance and revised operating procedures.

- For example, ensuring that Social Prescribing Link Workers routinely suggest GSP as one to response to mental distress, alongside offering creative arts or physical activities to improve mental health. Or that in primary care, GSP is routinely offered alongside talking therapies (IAPT) or every young person referred to the Community Mental Health Trust's Early Intervention Service is offered GSP within a menu of support options.

Expertise and partnership

- Identify champions across partners and with different roles and levels of responsibility.
- Ensure changes are added to guidance and standard operating procedures.
- Provide information about the benefits of GSP for different client groups, and practical resources, like directories, that describe local green provision, whom it's suitable for and the level of need that the provider is equipped to meet. (See Derby and Derbyshire's prospectus of green providers).

Expertise and partnership

- Share the 'good news' stories and positive case studies – and also work together on solutions and share the learning when things don't go as planned. Celebrate success.
- Ensure that representatives from across the local community are involved in this, and continue to check in with them during delivery, and adapt based on their feedback.

Illustrative examples: How others are tackling this:

- Greater Manchester have developed a GSP website, called [Nature for Health](#). Along with resources and training, it also provides good practice tips and case studies. The referral diagram for GM is [here](#).
- Surrey Heartlands GSP website provides another example of how resources and good practice can be shared and made available to colleagues. Their referral flow chart can be view [here](#).



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Commissioning and Collaboration

For the purposes of this toolkit, we have used the following definition of commissioning: ‘Commissioning is the continual process of planning, agreeing and monitoring services.’

More information about commissioning processes and good practice in commissioning can be found in the ‘Links to other resources’ section and information about NHS commissioning processes, [here](#). At the time of writing, commissioning arrangements within Integrated Care Systems are still being agreed and it isn’t yet clear in all areas which activities and services will be commissioned locally at a place-based level and what will be commissioned for the whole of the ICS area.

For green providers, we have tried to answer some of the questions which commonly come up; to describe how you might get involved in commissioning opportunities and what commissioners might look for. You will find lots of information about this in the ‘Useful links and resources’ section.

For commissioners, we have provided useful information about the challenges which green providers sometimes face in engaging in commissioning processes. We have also included information about new place-based provider collaboratives which are being tested by providers in the GSP programme.

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[Click here to view](#)

What we have learnt

- Green and VCSE sector providers don't always have access to information relating to how commissioning works in the NHS and Local Authorities and the processes involved in getting 'commissioned'. The language and terms in public sector commissioning are specialised and can be unfamiliar for providers.
- Not all providers are clear about where to find information about the types of services which are needed in an area, the likely demand for those services and the plans to commission them, or where commissioning opportunities are advertised.
- Green providers would like to understand more about what commissioners might be looking for when they contract with a green provider, to understand the features of being 'commissioning ready'. (See Commissioning Decisions Document in resources section, which explains this [here](#)).
- Many providers lack the capacity to research opportunities and the tender-writing experience, along with support and access to relevant guidance, to apply for 'tenders'
- Smaller providers are often unable to easily scale up staffing to accommodate people using individual budgets to purchase their place. For example, people paying for their activities via a Personal Health Budget (health) or Direct Payment (social care)
 - This is also the case for scaling up ahead of contracting for funding and managing the uncertainty and variability of demand.
- Providers are keen to work together to deliver services in some areas and to test collaborative delivery models, which commissioners could more easily commission. They have found that working together allows a greater geographical coverage and/or the provision of a greater range of activities or specialist skills to work with people who might require additional support to use GSP services.
- There are larger VCSE sector organisations who are willing to work collaboratively with other green providers to pilot collaborative models and VCSE infrastructure organisations who are willing to support provider collaboratives for GSP and assist ICSs to commission them.
- There is a role for trusted partners, such as Active Partnerships, in working with and supporting green providers.

Actions to consider:

Leadership:

- Ensure that information about local needs, demand and commissioning intentions are available to green providers and that it is easy to find and understand.
- ICSs should offer a range of different ways in which to invest in community provision and to consider the role of commissioning within place-based 'shared investment models'. (For more information about shared investment models, see section about 'Sustaining Investment in green activity providers').
 - Alternative Provider Collaboratives can play a role in ICSs to ensure that they are engaging with and providing opportunities to smaller organisations.
- Existing funding routes should be adapted to be more responsive and flexible, and to allow broader reach.
- Working with Local Authority partners, ensure that business support and market building activities are offered to and engage the green sector.

Expertise and partnership:

- Encourage and support provider collaboratives. ICSs should engage green provider collaboratives and connect into work to develop VCSE Alliances in ICSs.
- Work towards proportionate commissioning and procurement processes in place, which offer an opportunity and the time for smaller providers to apply.
 - For example, smaller 'lots'. This means breaking down a larger contract into smaller parts, for example smaller geographical areas, or specific packages of work, so that more providers have an opportunity to apply, either individually or by working together to deliver several lots.
- Providers that want to become 'commissioning ready' should ensure that they have the right policies and assurances in place. See section 5: Links to More Resources for further information.
 - Small local organisations, with very low capacity for commissioning, should consider engaging with collaboratives with other providers. Larger organisations can offer support to these and smaller organisations on how to develop offers, and support with developing systems and reporting processes.

Illustrative examples: how others are tackling this issue

1. In the **Nottingham and Nottinghamshire site**, Nottingham Community Voluntary Services has offered to act as an umbrella body to support the visibility of green providers working together. Green providers are working collaboratively to collectively deliver a range of GSP activities, suitable for people with different needs which span the mental health continuum. Supporting the development of green provider collaboratives and offering to be the conduit to commissioning them for the ICS supports the aims of the Community Mental Health Transformation Programme in Nottingham.
2. In **Greater Manchester, Salford CVS**, one of their social prescribing providers has developed a devolved commissioning model and provides small place based budgets to their social prescribing teams to commission local community activities on behalf of the people that they work with.
3. **Sow the City**, another of the GSP anchor organisations commissioned in Greater Manchester has been piloting a 'payment by referral model', whereby providers receive a fee for delivering green activities for individuals referred.

Whilst both of the above examples enable more choice for people who might be referred to GSP activities, providers experience challenges in responding to these sorts of models, if core costs are not provided, alongside per capita cost or payment by referral fees.

4. **Derby and Derbyshire provider collaborative**: in Derbyshire place base provider collaboratives are being tested to help provide more service choice and greater scope for smaller green providers to be commissioned by working together. Collectively, they are able to offer a wider range of activities, specialisms and geographical coverage and commissioners can access all of the services offered, through the collaborative, rather than having to forge relationships with a large number of organisations.
5. In **Greater Manchester**, the test and learn phase has enabled strong working relationships to develop between their green provider network and mental health trusts. Further to a successful pilot that saw GSP being offered within one of their mental health trust's Early Intervention Service, discussions are taking place about how it might be commissioned in the future.

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Building a vision for local Green Social Prescribing

Bringing together a Green Social Prescribing coalition

Co-designing GSP: working with providers and communities

Understanding need and deciding who to deliver GSP services to

Understanding mental health, and local mental health needs

Increasing Physical Activity

Forming trusting partnerships between referrers and providers

Building capacity and capability across the Green Social Prescribing workforce

Making use of, and building on, best available evidence to support GSP

Supporting national strategy and local priorities

Embedding GSP in health and social care

Commissioning and Collaboration

Sustaining investment in green activity providers

5. Links to more resources

6. Glossary and Acronym buster

7. References

Implementing Green Social Prescribing in Practice

Use the [glossary](#) to look up unfamiliar terms and abbreviations

Sustaining investment in green activity providers

Sustainable investment in community activities for social prescribers and others, to connect people to, is a key challenge to making services available to everyone that needs them. As outlined in the GSP Interim Evaluation Report, in many circumstances, providers are reliant on short term, piecemeal funding, which limits their ability to invest in their businesses and expand, where there is demand. The delivery, and continuation, of good quality, consistently available VCSE services in the community is dependent upon predictable and sustainable investment.

What we have learnt
[Click here to view](#)

Actions to consider
[Click here to view](#)

Illustrative examples
[Click here to view](#)

What we have learnt

- The unpredictability of funding and therefore delivery is a significant barrier to increasing referrals from health and social care staff. In turn this limits our ability to increase access to GSP activities. Social Prescribing Link Workers and other referrers are reluctant to refer people to services which they don't know will exist in a few months' time.
- There are additional barriers to setting up and expanding green social prescribing schemes within existing models.
 - Funding and investment are often available for new projects, and it can be a challenge to get funding to continue with existing interventions.
 - For example, there often isn't funding available for activities other than time spent directly running activities, which means there isn't paid time for smaller providers to attend meetings, get involved in other partnership activities, collect data, or carry out other unseen activities (including activities such as risk assessments, safeguarding training, and supervision and data collection; analysis and review) which contribute

to the delivery of a good quality service.

- A green space needs constant management and there may be wider maintenance or volunteer management costs to be taken into account, alongside the delivery costs of an activity.
- The ability to increase delivery capacity quickly and to accommodate individually commissioned places through Personal Health Budgets or Direct Payments, is linked to scale for many providers. The amount of money available for the person to attend, in their personal health budget or direct payment, may not cover the costs of recruiting, training and employing the additional member of staff and the indirect costs of the running the activity. However, if three additional people were to attend, the income generated might more easily cover the costs involved in recruiting the additional member of staff.

- Referrers are often obliged to connect people to 'low to no cost' activities to ensure that the people that they work with can access them. This reduces the opportunity for green providers to operate a fee paying or sliding fee scale model. In some instances, it has prevented referrers from even discussing activities which are not led by community volunteers and social enterprise models.
- Providers prefer the term 'investment' to 'seeking funding'. Investment suggests a greater sense of value and sends the message that this is a shared responsibility.
- There are opportunities to jointly invest in GSP across health, social care and environment sectors, which benefit both people and planet, for example the [GM Mayoral Environment Fund](#). This does not fall under the responsibility of one organisation to fund community-based activities for social prescribing but requires a joint approach, or 'shared investment fund'.

Actions to consider:

Leadership

- Enable 'places' to plan and commission community activities and services to meet the needs of local people.
- ICSs have a responsibility to bring together local partners from the statutory and voluntary sector, to ensure that they can fund and deliver services which meet the needs of the local population. Work together to develop place-based shared investment funds (brought together under the umbrella of the ICS), which would in turn bring together:
 - opportunities for statutory partners to 'commission' community activities
 - grant schemes available to support environmental recovery and the development of access to green space and green infrastructure, such as previous funds like the Levelling Up Parks Fund and The Future Parks Accelerator (these funds have concluded).
 - community, health and social care focussed grant funding schemes.
 - philanthropic and social investment, by developing strategic partnerships with local and national trusts and businesses, within a place.

Expertise and partnership

- Work together to find ways to share the responsibility and risk of funding community activities, across all partners within an Integrated Care System.
- Consult on and consider the appropriateness of 'mixed economy models' which combine a mix of provision which is free at the point of access or subsidised in accordance with the ability to pay or the number of sessions that someone can access before they have to pay. (For example, investment may allow everyone to receive six sessions and then those within certain income brackets might be asked to contribute towards the costs of the activity).

Engagement and inclusive practice

Ensure processes to access investment are clear, easy to use and proportionate to the amount of investment available. Allow sufficient time for smaller providers/those with less experience of completing applications and 'tenders', to apply or to build alliances with other providers, so that they can apply jointly.

Illustrative examples: How others are tackling this:

Greater Manchester examples

- Some VCSE sector providers have mixed business models, which combine grant funding, some public sector commissioned work and commercial income generation, in order to deliver services, which support their local community. Some in Greater Manchester combine short term grant funding, with commissioned work from health and social care, donations and income generated by delivering training.
- The Greater Manchester Mayoral Environment Fund has embedded health and environmental outcomes in their funding criteria which has enabled the integrated delivery of GSP.
- The five VCSE sector anchor organisations working together in Greater Manchester have worked together to secure philanthropic funding to support the continuation of GSP.

South Yorkshire

- The programme has hosted some good examples of funding alignment. For example, in the **South Yorkshire site**, they were able to combine significant funds from their ICS Health inequalities budget, with philanthropic funds, like the Sport England Together Fund (formerly Tackling Inequalities Fund), with the national GSP grant, to commission a range of green activities in their five places.

Bristol, North Somerset and South Gloucestershire

- Similarly, the **BNSSG site worked collaboratively with partners**, notably **Wesport** (their Active Partnership) to align funds. They combined contributions from their ICS mental health transformation budget, the Sport England Together Fund, Healthy Ageing Funds and investment from their public health teams to develop a unified grant funding process to allocate funds to community groups delivering community activities for social prescribing. Grants have supported groups to deliver nature based activities, creative health and sport and physical activities.
- Most areas have a rich mix of green providers, of different sizes, however, often with a higher number of hyper-local 'small' and 'micro-enterprises'. Local branches of national and regional organisations, like the Wildlife Trusts, Forestry England, the RSPB and Woodland Trust also often deliver or host green social prescribing activities. Sometimes the larger organisations are able to bring wider funding to deliver their work and collaborate with others and provide a co-ordinating or umbrella function that is supportive of smaller providers, rather than competing for funds to deliver their work in a place.

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Links to more resources

Social Prescribing

[NHS England » Social prescribing](#)

[The National Academy for Social Prescribing | NASP](#)
(socialprescribingacademy.org.uk)

[What is social prescribing? | The King's Fund \(kingsfund.org.uk\)](#)

[Social prescribing: applying All Our Health - GOV.UK \(www.gov.uk\)](#)

[National Academy for Social Prescribing Thriving Communities Programme](#)

Integrated Care Systems

[NHS England » What are integrated care systems?](#)

[NHS England » Integrated care systems: guidance](#)

[Integrated care systems explained | The King's Fund \(kingsfund.org.uk\)](#)

[List of Integrated Care Systems and Leadership](#)

Health Inequalities and Disparities

[NHS England » What are healthcare inequalities?](#)

[NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

[NICE and health inequalities | What we do | About | NICE](#)

[What are health inequalities? | The King's Fund \(kingsfund.org.uk\)](#)

[Health disparities and health inequalities: applying All Our Health - GOV.UK \(www.gov.uk\)](#)

[Evidence hub: What drives health inequalities? - The Health Foundation](#)

[Health Equity in England: The Marmot Review 10 Years On - IHE \(instituteofhealthequity.org\)](#)

Commissioning

[NHS commissioning \(england.nhs.uk\)](#)

[Commissioning and contracting | The King's Fund \(kingsfund.org.uk\)](#)

[Good commissioning principles and practice - GOV.UK \(www.gov.uk\)](#)

[Joint-commissioning for integrated care | SCIE](#)

[Beginners guide to commissioning.indd \(voscur.org\) NAVCA Resource \(2010\)](#)

Partnership working with the VCSE sector

[NHS England » A framework for addressing practical barriers to integration of VCSE organisations in integrated care systems](#)

[Working with the VCSE as system partners – from warm words to actions | The King's Fund \(kingsfund.org.uk\)](#)

['Exploring Opportunities to Improve VCSE Invol.pdf \(wsimg.com\)](#)

[VCSE Health and Wellbeing Alliance 2021-24: Information pack for VCSE organisations \(publishing.service.gov.uk\)](#)

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Funding Organisations

[Funding Finder - Get Grants](#)

[National Lottery Awards for All England | The National Lottery](#)

[Community Fund \(tnlcommunityfund.org.uk\)](#)

[Home | The National Lottery Community Fund \(tnlcommunityfund.org.uk\)](#)

[Welcome | The National Lottery Heritage Fund](#)

[Our funds | Sport England](#)

[Our open funds | Arts Council England](#)

[Apply for funding | Esmée Fairbairn Foundation \(esmeefairbairn.org.uk\)](#)

[Opportunities – UKRI](#)

[The Wellcome Trust](#)

[The Sainsbury Family Charitable Trusts](#)

[Funding | Comic Relief](#)

[The Wolfson Foundation](#)

Evidence

The Green Social Prescribing Interim and Full Evaluation Reports will be published on Defra's scientific research site later this year: [Science Search \(defra.gov.uk\)](#)

Social prescribing evidence summaries: [Evidence - National Academy for Social Prescribing | NASP \(socialprescribingacademy.org.uk\)](#)

[Case study: Social prescribing – Rotherham - SCIE](#)

[Exploring perceptions of green social prescribing among clinicians and the public - GOV.UK \(www.gov.uk\)](#)

[National green social prescribing delivery capacity assessment - GOV.UK \(www.gov.uk\)](#)

[Children & Nature Programme: the importance of integrating time spent in nature at school - Natural England \(blog.gov.uk\)](#)

[Nature, Biodiversity and Health - Interdisciplinary research - European Centre for Environment and Human Health | ECEHH](#)

[Nature on Prescription Handbook - European Centre for Environment and Human Health | ECEHH](#)

[Two hour 'nature dose' boosts health and wellbeing - European Centre for Environment and Human Health | ECEHH](#)

[Nature-based outdoor activities for mental and physical health: Systematic review and meta-analysis - ScienceDirect](#)

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Mental Health

[NHS Long Term Plan » Mental health](#)

[NHS England » Community mental health services](#)

[Mental Health Foundation | Good mental health for all](#)

[Nature and mental health | Mental Health Foundation](#)

[How nature benefits mental health - Mind](#)

Physical Activity

Sport England: [Uniting the Movement](#)

Sport England: [The Benefits of Physical Activity and Physical Activity and Mental Health Impact](#)

[Active Partnerships Network](#)

[The role of Active Partnerships in Green Social Prescribing](#)

Creative Health

[National Centre for Creative Health \(ncch.org.uk\)](#)

[Creative Health & Wellbeing | Arts Council England](#)

[Creative Health | UCL Health of the Public - UCL – University College London](#)

National Green Sector Organisations

[Thrive](#)

[Social Farms and Gardens](#)

RHS: [Mental health and wellbeing – How to grow happy / RHS Gardening](#)

Wildlife Trusts: [Nature for health and wellbeing | The Wildlife Trusts](#)

Greencare Coalition: [How does it differ from other nature-based activities? | Green Care Coalition](#)

National Trust: [Walking in nature for wellbeing | National Trust](#)

Woodland Trust: [Woods for Health and Wellbeing - Woodland Trust](#)

Forestry England: [Forests for wellbeing | Forestry England](#)

RSPB: [Nature Prescriptions | The RSPB](#)

[Centre for Sustainable Healthcare](#)

[Natural England](#)

Nature Connection

[Finding Nature](#): nature connection research blog, Dr Miles Richardson, University of Derbyshire

[Nature Connection Handbook](#)

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Greenspaces

[Find your local park - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Walking App - Go Jauntly - Discover walks, curate your own and share outdoor adventures](#)

[Health In Parks — Future Parks Accelerator](#)

[Natural England unveils new Green Infrastructure Framework - GOV.UK \(www.gov.uk\)](#)

[Accessible greenspace guides](#)

[Accessible nature reserves | The Wildlife Trusts](#)

[Top wheelchair and pushchair-friendly walks | National Trust](#)

[Wheelchair Friendly Walks all around the country with The Outdoor Guide](#)

Health Think Tanks

The Kings Fund: [Ideas that change health and care | The King's Fund \(kingsfund.org.uk\)](#)

The Health Foundation: [Home | The Health Foundation](#)

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Blue: Blue infrastructure includes canals, rivers, streams, ponds, lakes and their borders as well as features of the coastline that provide people with access to the coast. Social prescribing to activities in blue infrastructure is often included/referred to under the umbrella term ‘green social prescribing’.

BNSSG: Bristol, North Somerset, and South Gloucester

Green: Green infrastructure is a network of multi-functional green space, urban and rural, which is capable of delivering a wide range of environmental and quality of life benefits for local communities. This includes parks, playing fields, woodland, street trees, rights of way, allotments, canal towpaths, green walls and roofs.

Co-design: active and meaningful participation in the design process by stakeholder

Commissioning: Commissioning is the continual process of planning, agreeing and monitoring services. Commissioning is not one action but many, ranging from the health-needs assessment for a population, through the clinically based design of patient pathways, to service specification and contract negotiation or procurement, with continuous quality assessment (from NHS England site)

CVS: Council for Voluntary Services

GM: Greater Manchester

GSP: Green Social Prescribing

GSP agreed definition of mental ill health: The Green Social Prescribing Programme to Tackle and Prevent Mental Ill-Health will offer green and blue activities to people with a variety of identified mental health needs. This will range from people presenting in primary care experiencing symptoms of depression or anxiety which could be due to loneliness or wider determinants such as debt, to people

with mild to moderate diagnosed mental health need, such as mild depression and anxiety, through to people with severe and enduring mental health conditions, who may need support in their recovery and to prevent relapse. Social prescribing offers non-clinical, community solutions to tackle and prevent mental ill-health. It therefore does not aim to provide clinical support to anyone experiencing acute mental illness.

Health inequalities: Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

HNY: Humber and North Yorkshire

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Integrated care systems: ICSs are new partnerships between the organisations that meet health and care needs across an area. They coordinate services and plan in a way that improves population health and reduces inequalities between different groups. Since 2018, they have been deepening the relationship in many areas between the NHS, local councils and other important strategic partners such as the voluntary, community and social enterprise sector. From April 2021 all parts of England were served by an ICS. NHS England and NHS Improvement has asked the Government and Parliament to establish ICSs in law and to remove legal barriers to integrated care for patients and communities.

Integrated Care Board: A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. The establishment of ICBs resulted in clinical commissioning groups (CCGs) being closed down.

Personalised Care Board: The board which has oversight of the delivery of personalised care in the NHS.

Strategic Transformation Board: The board in the Integrated Care Systems which have oversight and responsibility for driving the transformation of health services

SPLW: Social Prescribing Link Worker. Social Prescribing Link Workers are employed in non-clinical roles working in partnership with GP practices and other referral agencies. They enable people to have more control over their lives by connecting people to community groups and helping the person to develop skills, friendships and resilience. Social Prescribing Link Workers help to reduce health inequalities by supporting people to unpick complex issues affecting their wellbeing. On average, link workers have between 6-12 contacts with a person, depending on their needs, over a three-month period.

Stakeholders: A person or group with interest or concern in, or who might be impacted by the service or activity.

Tenders: The formal written application for a contract to supply a service.

Theory of Change: A Theory of Change is a diagram that explains how a programme has an impact on its beneficiaries. It outlines all the things that a programme does for its beneficiaries, the ultimate impact that it aims to have on them, and all the separate outcomes that lead or contribute to that impact (Nesta).

Personalised Care: Personalised care means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to people and their individual strengths and needs. Personalised care is one of the five major, practical changes to the NHS as set out the Long-Term Plan.

Vox Pop: Short interviews

VCSE: Voluntary, Community and Social Enterprise

Wellbeing: Mental wellbeing doesn't have one set meaning. We might use it to talk about how we feel, how well we are coping with daily life or what feels possible at the moment. Good mental wellbeing doesn't mean you're always happy or unaffected by your experiences. But poor mental wellbeing can make it more difficult to cope with daily life. (Mind website, accessed April 2021)

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Green Social Prescribing Toolkit

Version 1.0

Sam Alford, Senior Manager | Green Social Prescribing Programme

NHS England

Toolkit produced in partnership with the National Academy of Social Prescribing and the 7 Green Social Prescribing Test and Learn sites.