



Green Social Prescribing Test and Learn Programme, to Tackle and Prevent Mental Ill-health: 2021-2023

Practice Report

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Introduction

The COVID-19 pandemic in 2020 led to 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 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 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 would benefit most could be identified and offered support. It required intensive collaboration across sectors to build greater shared working and innovative new partnerships, to underpin the trust, and systems change, required to sustainably embed green social prescribing in the health system to tackle and prevent mental ill-health.

This practice report shares some of the key learning from practice that took place during the test and learn programme, in the seven test and learn sites.

Please refer to the [Green Social Prescribing Toolkit](#) for examples and more detailed information about how to deliver and embed a programme of green and blue social prescribing activities in integrated care systems.

[The Green Social Prescribing Evaluation Report](#) reviews what worked well, in what circumstances and provides recommendations for future policy and practice.



Background and Context

A survey of GPs, carried out before the pandemic, identified that 2 in 5 consultations (40%) were about mental health concerns¹. 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 annum². 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 services².

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 incomes⁴.

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 wellbeing⁹. 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 nature¹⁰, there is evidence that suggests there are benefits of nature-based social prescriptions on long term health and wellbeing¹¹, and in populations at the greatest risk of health inequalities¹¹.

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.





Key Achievements and Learning from Practice

Key Achievements

- Successful testing of a targeted programme to support people with identified mental health need, through green social prescribing
- Around 8,500 people benefited from GSP during the lifetime of the programme. (NB these were people that could be tracked through the system. It is likely that the increased visibility of nature-based interventions to improve mental health, as a result of awareness raising training amongst health and care professionals and in communities, many more people will have benefited).
- [The final evaluation report](#) shows a statistically significant improvement in mental health for GSP participants, strong reach into health inclusion groups and comparatively good value for money.
- Positive take up rate of GSP activities (85%+). (Whilst this figure is subject to a number of variables, which affect its reliability, it was consistently higher than 80%, ranging from between 85-92% and is significantly higher than the average expected take up of more traditional types of mental health support offered. This is likely to be reflective of the work that sites did to increase accessibility and remove barriers to engagement)

- Cost of living impact: GSP worked well when it was offered as an adjunct to improve mental health, emotional wellbeing and resilience, alongside other support that helped to address the impact of the 'cost of living' crisis.
- Green networks were established in all sites, bringing together groups of green/blue providers working collaboratively in a place.
- There were encouraging signs that GSP was starting to be embedded in ICS population health management approaches.
- Positive evidence of GSP attracting additional investment, using the initial investment from the Treasury and programme partners to leverage funds.
- Integrated workforce development across GSP has built trust and understanding, by bringing together healthcare professionals, link workers and green providers.
- Increasing and emerging evidence base for GSP & mental health outcomes
- GSP is represented in cross government and cross sector policy and strategy at national and local level. A number of case studies and examples feature in governmental reports and policy documents.



Learning from Practice

Leadership groups in the sites identified the following key learning points:

- Cross sector leadership and embedding champions is required at all levels of the system
- Strategic partnerships for green social prescribing are required (NHS; LAs including public health; VCSE sector; communities)
- Using population health management data is an effective way to target support and address health inequalities within a green offer
- Building a joined-up workforce across health, care and VCSE green sector is vital
- Creating opportunities to bring SPLWs/referrers and green providers together is critical to build understanding of the offer and establish flow of appropriate referrals
- Aligning GSP to local ICS priorities and increasing the choice of options to patients to improve their mental health increases engagement
- Sustainable investment into the community sector to deliver a consistent and predictable schedule of green activities and interventions is critical to scaling GSP.



Recommendations

Leadership and Strategy

- 1) Green Social Prescribing (GSP) is embedded in depression and anxiety pathways, so that people seeking help with their mental health in primary and secondary care can benefit.**

GSP has been proven to be a viable way in which to support mental health improvement for people with mild to moderate mental ill-health. It has also provided a valuable tool for people during their recovery from mental illness and has helped to prevent relapse.

The Green Social Prescribing programme final evaluation report shows statistically significant improvements in people's mental health and well-being, using the [ONS 4 tool](#). (The final evaluation report will be published late in 2023).

The Humber and North Yorkshire site worked with a clinical cohort of people with identified mental health need. They were referred from local community mental health teams, occupational therapy and social prescribing services. Their local evaluation carried out by York University, found significant improvements in wellbeing, anxiety and depression, after up to 12 weeks of GSP activity, using ONS 4 and the [Hospital Anxiety and Depression Scale](#) (HADS).



York Universities' evaluation of the Humber and North Yorkshire GSP project can be found [here](#).

There are a range of research papers which cite the mental health benefits of nature-based interventions, including some useful summaries: eg Coventry et al's systematic review and meta-analysis: '[Nature-based outdoor activities for mental and physical health](#)' (Nov 21) and social prescribing [evidence summaries](#), created by the National Academy of Social Prescribing's academic partnership and commissioned by the programme partners.

2) Adjust referral guidance and protocols to ensure that GSP is offered in primary and secondary care, at the same time as other traditional interventions are offered.

For example, GSP could be offered alongside a referral to IAPT/Talking Therapies. It could be offered as part of a community discharge package after someone has had an inpatient stay at a mental health unit. Anyone detained under Section 117 of the Mental Health Act would automatically qualify for a personal health budget, which could be deployed to help them access GSP activities near to where they live. It could be part of the suite of options available in Mental Health Early Intervention Services.

In the Greater Manchester test and learn site, Lancashire Wildlife Trust successfully delivered GSP activities at one of their sites for clients of Pennine Care's Early Intervention Team. The Early Intervention Services works with people following an initial psychotic episode. They worked in partnership with the Wildlife Trust, accompanying their clients and supporting them to participate in the nature-based activities and interventions that the Wildlife Trust delivered. This successful pilot has now led to an ongoing relationship and to commissioned work.

Repeated feedback from clinicians and healthcare practitioners that have been involved with the GSP programme has been that they need prompts and resources to help them to refer people when appropriate. Adding instructions to 'offer a referral to green social prescribing' to referral guidance will prompt people to consider it as an option, along with the provision of easy to use and up to date GSP service directories. Work to date indicates that awareness raising alone does not directly translate into increases in referrals, hence the recommendation to explicitly write it into guidance for clinicians and practitioners.



- 3) **Offer GSP to support people who live with chronic pain.** Connecting with nature accrues numerous physical³ and mental health benefits⁴ and often reduces loneliness and isolation⁵ and leads to increased feelings of belonging and purpose. [NICE guidance on managing chronic pain](#) recommends a personalised approach and social prescribing to aid self-management and reduce over-prescribing and opiate addiction. Partnerships between healthcare and green providers could facilitate the delivery of pain clinics in green settings. The social prescribing model would enable holistic support to be provided to attendees, to address a range of issues which impact their health and wellbeing.
- 4) **Consider the application of social prescribing and green social prescribing to other system priorities and pathways.** For example, GSP could form a complementary offer in the cardiac pathway to support people to regain function and independence. It is already being trialled in the peri-natal pathway in Bristol, North Somerset and South Gloucestershire. There are likely to be complementary applications for all of the major conditions set out in the [Major Conditions Strategy](#).
- 5) **Align health and environment strategies to ensure that there is a joined up mandate which supports the maintenance and use of green space to facilitate green social prescribing activities.** For example, a green social prescribing group could deliver bio-diversity net gain outcomes by sowing wildflower meadow seed in an area of uncared for and under-used space, as part of their green social prescribing intervention.

Because Green social prescribing is delivered predominantly in local green spaces in communities and in some cases may reduce the need for medication, it offers a 'greener model of care' and should be seen as a vehicle through which to help deliver ICS Green Plans and Greener NHS targets.

- 6) **Maximise the potential of the NHS estate and that belonging to Local Authorities and district councils to benefit the wellbeing of local people, communities and workforce.** Community nature and wellbeing days and staff nature immersion sessions have been very well received when delivered during the GSP programme. Delivering GSP activities on a hospital site, for example, provides a unique benefit for and link to the local community.

Building nature immersion sessions and regular nature connection activities into corporate 'workplace wellbeing' programmes is likely to improve staff wellbeing, reduce days lost to stress related sickness and burnout and increase staff retention.

- 7) **Make sure that GSP, as part of social prescribing, is clearly articulated in the ICS Operational Plan, and the ICS Green Plan, to provide the mandate to deliver it.**



Support for the Workforce

- 8) Routinely provide awareness raising sessions (online and immersive in a green environment) and resources to support clinicians and other referrers to feel confident in 'prescribing' social support and nature-based activities and interventions to tackle and prevent mental ill-health for the people that they work with.

Green social prescribing can usefully be offered as an adjunct to traditional treatment, for example alongside medication. GSP offers increased choice to people who don't easily engage with health services and those who choose not to use traditional treatment options, for example, talking therapies.

There is a growing evidence base that demonstrates the effectiveness of nature-based interventions for some people with mental ill-health^{1,2}

- 9) Embed training about the appropriateness of social prescribing and benefits of social prescribing and green social prescribing in organisational induction and continuing professional development frameworks, across agencies. This will help to embed green social prescribing to become business as usual and not reliant upon the knowledge and connections held by individual staff.

Commissioning, Investment and Sustainability

- 10) **ICSs to ensure that information about commissioning intentions for mental health services and local demand information, such as that detailed in the JSNA ([Joint Strategic Needs Assessment](#)), is available to green providers.** This is required to help providers plan and invest in their businesses so that they are equipped to meet local need. For example, understanding levels of demand and likely volume of people they might expect to work with will inform investment and workforce development strategies, staffing ratios etc.





- 11) **Develop shared, sustainable investment models, which align or pool funds to invest in the VCSE sector to deliver GSP activities and interventions.** This could include existing commissioning opportunities within the Integrated Care System, either at system or place-based levels; ICS or local authority grant funding; social investment or grant funding from third parties such as the National Lottery Community Fund; place-based philanthropic funding for example from organisations like the Active Partnerships or local Community Foundations; or sponsorship from local businesses. The test and learn sites ably demonstrated the ability to leverage and align funds from a variety of sources to invest in the community based activities that support social prescribing.
- 12) **Align environmental and health and social care funds to deliver GSP.** This might involve adding health outcomes to Nature Recovery Plans and ensuring that nature recovery outcomes are included in town planning and place strategies. Green social prescribing can also contribute towards ICS Green Plans outcomes.
- 13) **Embed GSP and other community activities in ICS commissioning frameworks to provide choice.** Consider opportunities to commission GSP in different ways. For example, this could include using Personal Health Budgets to deliver individual outcomes through a social prescribing approach; place-based commissioning or strategic commissioning frameworks at an ICS wide level. Working with provider collaboratives can sometimes facilitate wider geographical coverage and a range of specialist delivery.

Partnership and Cross-sector Collaboration

- 14) **View the VCSE sector and in particular the ‘green sector’ as part of an extended workforce who contribute to the health and wellbeing of their community.** Encourage collaboration, power-sharing and the establishment of equal partnerships.

Joint workforce development opportunities and forums which enable health system practitioners and VCSE providers to share good practice were very well received during the test and learn programme and supported the establishment of trusting working relationships. In addition, voluntary sector providers have valuable information about shared clients and should be invited to participate in multi-disciplinary team discussions, with the person’s consent.

- 15) Work together across the system to implement the good practice solutions set out in NHS England’s [‘Framework for addressing practical barriers to integration of VCSE organisations in Integrated Care System’](#)
- 16) **Improve inter-agency data and information sharing protocols** to enable different agencies to work together to meet someone’s needs in a holistic way and to facilitate critical review and evaluation of impact and service effectiveness.
- 17) **Champion green social prescribing to support improved mental health and address health inequalities, at all levels of the system,** across all agencies.

Equity and Inclusive Practice

- 18) **Use GSP and other community approaches, such as arts and heritage activities to deliver a population health management approach and engage those who may not use traditional healthcare services.** The GSP programme has demonstrated a positive reach into communities which are traditionally affected by health inequalities and inequity.
- 19) **Value the voices of people with lived experience in the co-design, development, delivery and review of GSP services.** Ensure that opportunities for involvement are varied and inclusive and offer reciprocal benefit for those involved.

Digital and Technology

- 20) **Improve the consistency and quality of social prescribing data collection and storage processes** to ensure greater inter-operability across systems, consistent recording methodology and use of SNOMED codes to show which activities people have been referred to in the community sector. Over time, this will provide valuable information to inform commissioning decisions and allocation of grant funding.





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