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

Interim Report Summary | September 2021 to September 2022

January 2023

The 'Preventing and Tackling Mental Ill Health through Green Social Prescribing' Project is part of a 2-year £5.77m cross-governmental initiative focusing on how systems can be developed to enable the use of nature-based settings and activities to promote wellbeing and improve mental health. Partners include: Department of Health and Social Care, Department for Environment, Food and Rural Affairs, Natural England, NHS England, NHS Improvement, Public Health England, Sport England, Department for Levelling Up, Housing & Communities and the National Academy for Social Prescribing. The project is testing how to embed green social prescribing into communities in 7 Test and Learn (T&L) sites in England to:

- Improve mental health outcomes.
- Reduce health inequalities.
- Reduce demand on the health and social care system.
- Develop best practice in making green social activities more resilient and accessible.

For this project, Green Social Prescribing (GSP) is the practice of supporting people to engage in nature-based 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.*

There are many different types of nature-based activities and therapies that people may reach through a social prescription. Typical activities include: conservation activities; wilderness focused; horticulture and gardening; care farming; exercise and sport focused; creativity focused; talking therapies in the outdoors; and alternative therapies in the outdoors.

(*This definition was agreed by the GSP Project Board as outlined in the Scoping Report dated 30th July 2021)

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

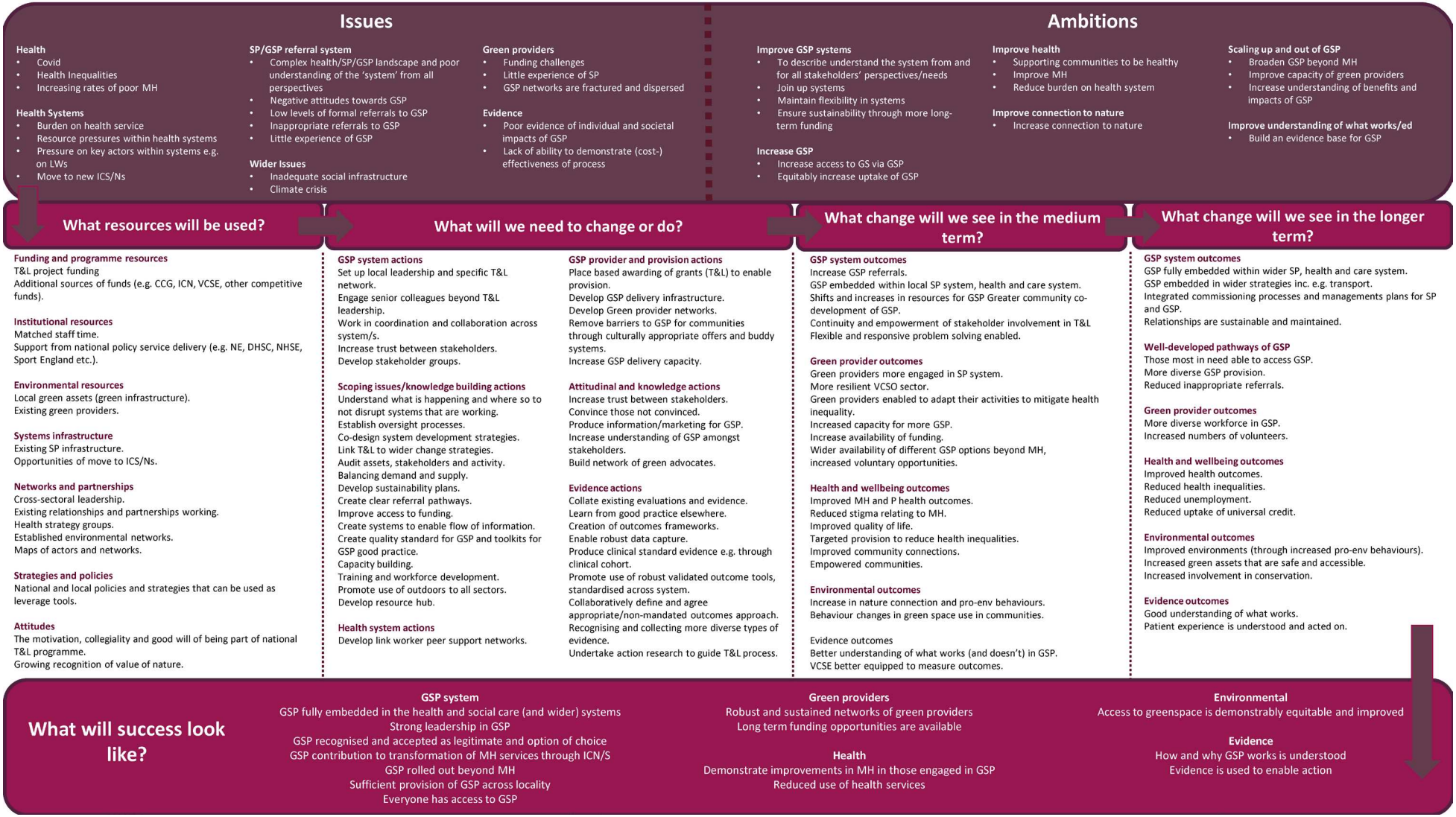
1. Purpose of the interim report

This document summarises interim findings from a longer report for the Green Social Prescribing Project National Evaluation. It reflects understandings drawn from across the evaluation Work Packages and synthesises these into 10 overarching themes. Methods and initial findings from each Work Package are also presented separately in Appendices. Given the stage of the evaluation, current findings tend to be more descriptive than explanatory, and we plan to extend these understandings in the final report for the project in June 2023.

The evaluation programme is being conducted by a consortium of researchers from the University of Sheffield, Sheffield Hallam University, the University of Exeter and the University of Plymouth. The results will inform the wider rollout of green social prescribing following the Test and Learn project. The evaluation uses a mixed method approach to assess processes and outcomes at the national and local levels, and improve understanding of what works, for whom, in what circumstances and why. This document reports on data collected from September 2021 to June 2022, and draws on initial scoping work undertaken March 2021 - July 2021. The four specific aims of the evaluation are:

- **Aim 1:** To understand the different systems, actors and processes in each T&L site and how these impact on access to, and potential mental health benefit from, GSP.
- **Aim 2:** To understand system enablers and barriers to improving access to GSP, particularly for underserved communities.
- **Aim 3:** To understand how GSP is targeted at particular groups, including underserved communities.
- **Aim 4:** To improve understanding of how to successfully embed GSP within delivery and the wider social prescribing policy landscape.

Figure 1: Generic local level theory of change



2. Local level theory of change

Workshops were held with each Test and Learn site to develop local theories of change. These were synthesised to produce the preceding figure, which shows a generic theory of change model that describes the shared vision, current status and required changes, resources, activities, and aims regarding medium- and longer-term changes for green social prescribing.

3. Summary findings

This section provides a summary of the interim findings which synthesise learning from across the evaluation work packages, together with a summary of the currently available quantitative monitoring data.

Summary synthesised findings

The ten synthesised themes are:

1. Relationships and connections across the GSP system.
2. Test and Learn site project delivery.
3. Use of Test and Learn funds to build GSP system and support activity delivery.
4. Integration of GSP in the health system.
5. Link Workers and referral process.
6. Nature-based system and providers.
7. Targeting of GSP for particular groups.
8. Referral experiences.
9. System Data Collection.
10. Developing sustainable GSP systems and delivery.

1. Relationships and connections across the GSP system:

- T&L sites have undertaken huge amounts of work to engage stakeholders from across the GSP system, through creating networks, stakeholder groups, workshops and management structures. Involvement in the GSP system was typically more complete than in the non T&L sites. Some gaps in active involvement remain in some T&L sites, particularly at a strategic level, including representatives from mental health trusts, nature-based delivery organisations (particularly from smaller organisations), Link Workers and those with lived experience of mental ill-health. Capacity to attend, or not feeling like their input had an impact may be issues influencing this.
- Where existing networks, such as those for nature-based activity providers, already existed, this has facilitated sites moving more quickly to delivering nature-based activities through GSP. Elsewhere it has taken longer to understand the local landscape and develop these networks. There is a risk that overreliance on existing networks may exclude some groups and reinforce existing more dominant voices.
- Many sites report strong support and buy-in for GSP from stakeholders. However, they report that some remain unaware or sceptical of GSP benefits (including some clinicians), or are unconvinced of its relevance for specific groups (such as those with more serious or complex mental health conditions).
- Dedicated Project Managers have a central and critical role in developing and promoting GSP, including providing leadership, coordination, strategic development, relationship and network development, and identifying additional funding streams.
- Power imbalances between statutory and Voluntary, Community and Social Enterprise (VCSE) sectors remain, with the latter not always feeling valued as equal partners, or feeling able to influence project direction. They may be expected to be flexible in responding to need, where statutory partners may have less agility and flexibility.

2. Test and Learn site project delivery:

- Support from the national GSP project (particularly through NHSE staff support, and generating national policy conversations) has been highly valued by the T&L sites both to support delivery, as a catalyst for action, and as a way of providing legitimacy for the project and facilitating local buy-in.
- Perceived lack of clarity and shifting priorities from the national partnership were found to be unhelpful and, in some cases, thought to negatively impact the potential of the sites' success (for example, through focusing on generating evidence of mental health impact for individuals early in the project, while this is reliant on embedding GSP in local systems).
- Sites are still working to align the vision, aims and priorities of stakeholders in relation to GSP. Where there is clear communication of goals, processes for agreement and the development of networks, these help to address this.
- Sites are very positive about what has been achieved by the GSP project (such as building

relationships, funding activities and opening up access, reaching communities in need), despite some feeling they have not done as much as they hoped to by this point, about half way through the project. This may be due to the inherent challenges, and the time consuming nature, of attempting to affect systems change, as well as the project operating in the context of the Covid pandemic, and concurrent health system reforms. Sustainability planning is an increasing focus of site activity.

- The timescale of 2 years is recognised as insufficient for the ambition of the project to affect systems change.

3. Use of Test and Learn funds to build GSP system and support activity delivery:

- The Test and Learn funds have been used in a myriad of ways depending on the local context and needs, the priorities identified by project management and through co-development processes and in response , for some, to the need to adapt to shifts in requirements (such as data requirements) as the project has developed.
- The development of Integrated Care Systems (ICSs), and their processes and structures, have provided systems change opportunities with which to align the T&L project.
- Different approaches and sequences were taken to the pilots, these can be clustered into three types: A) Initial system building and strengthening with direct funding of activities at a later stage of the project; B) Parallel system building and direct funding of activities and/or awarding of funds to address factors that prevent uptake; and C) Primarily system building and strengthening with relatively little to no direct funding of activities or other factors.
- All areas have used substantial proportions of funds to develop the 'system', including for project management and coordination roles; network building activities; and collaborative and participatory governance. Most areas have also used funds to support GSP development and delivery, or to tackle barriers to participation.
- In many areas the T&L project and funds have leveraged additional funding, in some cases this is significant (e.g. close to £400,000 in one T&L pilot site).
- The importance of involving communities and service users in the pilots was acknowledged by most sites. Some sites have strengthened their approaches through acting on local and lived experience knowledge to inform aspects of delivery such as priority areas for investment and how to engage with certain communities. Others were struggling to find meaningful ways to include communities and service users.
- All sites have worked with wider professional sectors to determine how best to use funds. The extent, nature and experience of collaboration varies. Certain organisations, such as Mental Health Trusts or organisations delivering mental health services in the statutory/health sectors and VCSE, have successfully been involved in some areas but have been more difficult to engage and work with elsewhere.
- There was a lack of clarity, initially, regarding the data requirements that were associated with the use of T&L funds. The T&L project as a whole and many of the local pilots were not, arguably, designed in such a way to deliver the data requirements (whether the monitoring or outcomes data) that developed as the projects progressed.
- The plurality and complexity (in terms of the range of stakeholders, funding mechanisms, priorities, capacities and so on) of the GSP system as a whole and especially of individual patient pathways, was not adequately recognised or considered when data requirements associated with the use of T&L funds were being developed.

4. Integration of GSP in the health system:

- The skills, training and expertise to deal with (often more complex) cohorts of people linked to GSP are different across the health system and VCSE; with the latter (not being MH providers) often lacking the required skill mix - or resources to acquire - to engage those with SMI.
- GSP is gaining significant traction but viewed by some in the health system as a 'nice to do' and additional service, rather than necessarily a viable and wholly embedded option for specific cohorts. More clarity about the GSP offer, when it is appropriate and for whom should be made available to all.
- Given the diversity and diffuseness of organisations, individuals, and roles delivering GSP, coordination was often challenging and a limiting factor.
- The commissioning of GSP poses multiple challenges, from who qualifies for each stream, and how committed that stream is to existing organisations, to the bias towards larger organisations in funding applications.

Ensuring fair access to funding and sustainable investment by small and micro-organisations is central.

- Addressing health inequalities is seen as a priority and in some areas concerted efforts have been made to use approaches which may help to lessen unintended consequences - exacerbating inequality, or to reduce inequalities through highly targeted provision. However, how to structure the system and design or deliver nature-based activities to reduce inequalities more systematically is still being addressed.

5. Link Workers and referral process:

- Link Workers are central to the function of GSP, however given the stress faced by the health service, and increasing acuity of those arriving, it is a role under ever increasing pressure. Decreasing caseloads, increasing Link Worker numbers and empowering Link Workers to decline referrals best managed elsewhere would all be beneficial.
- GSP is only one of many options available for Link Workers to connect people to (others may relate to arts-based activities, physical activity and practical support like debt advice). Communicating in what ways, for whom and when GSP can be most appropriate is essential to increasing referrals.
- Multiple points of entry to the GSP system are needed, so assessing and managing self-referrals as well as referrals from diverse community organisations is important and also (given these would bypass primary care) of value to the NHS.
- For a range of reasons, the Link Worker role is an overworked one, with individuals working extra unpaid hours common. To prevent burnout and to meet targets, being realistic about the caseload of Link Workers (particularly of those managing higher complexity cohorts) is critical.

6. Nature-based system and providers:

- Preventing poor mental health, and maintaining good mental health, were commonly seen as important outcomes by nature-based providers. However, most providers also recognised clear benefits of nature-based activities for everyone regardless of condition, rather than being limited to specific health conditions or needs.
- It is currently unclear whether the myriad challenges faced by providers and Link Workers across the nature-based system are due to lack of availability or capacity, or a lack of connectivity, and what factors contribute to this variation across the system.
- The scale and spread of organisations providing or able to provide nature-based activities is not necessarily known by those who may be able to make referrals, such as NHS social prescribing teams.
- Relationships between Link Workers and provider organisations are often the method by which referrals are made, but individual connections are fragile, and risk being lost when people move on, change roles or external pressures change priorities within the system.
- For many T&L sites, access to the local social prescribing system is through self-referral or other community organisation referral, rather than via Link Workers.
- Precarious, short-term funding cycles and lack of system level support for the VCSE sector is a barrier to sustainability and embedding GSP within statutory systems.
- There was a high degree of variation across T&L sites in terms of both availability and accessibility of delivery settings. Some sites report sufficient nature-based activities, while some report not enough specialist providers for issues such as higher mental health needs or requiring more expert support.
- Many nature-based providers felt that ‘it is very hard to demonstrate the impact of preventative interventions,’ which they see as at least part of their core role, such as GSP within short commissioning cycles, and the types of data typically used by nature-based providers to measure interventions (such as case studies and self-reported outcomes) are less valued by central commissioning structures which creates a mismatch in expectations and delivery.

7. Targeting of GSP for particular groups:

- T&L sites have purposefully engaged those service users with lived experience of mental ill health in different ways to inform the design and delivery of GSP programmes.
- Working directly with target groups is sometimes constrained or guided by the focus of funders and funding opportunities, where restrictions are placed on e.g. geography, timescale or age range.

- There are many examples within the project of T&L sites successfully reaching marginalised groups with focused interventions. For example, one site undertook further work to plug gaps in provision and increase grant applications from underserved communities. Working alongside providers to coproduce new applications resulted in further applications from providers targeting those from ethnic minority backgrounds, those with severe mental health issues and disabilities. Another site has had success in getting more people from their 'Health Inequalities' populations to connect with nature with an ongoing goal to support more delivery leaders from within these communities. Other sites have carried out engagement work to increase referrals, such as identifying and bringing diverse groups and community leaders together to understand barriers and needs, focusing activities on known areas of deprivation, translating literature into different languages, actively funding members of staff to develop referral pathways or providing taster sessions for nature-based activities.
- However, significant barriers to engagement remain. Overcoming barriers such as poverty, digital and physical access, fluctuations in mental health, language, and cultural differences, requires time, effort and representation such as working with trusted gatekeepers.

8. Referral experiences:

- Initial experiences of referral may be negative due to long waiting times to see Link Workers.
- High levels of service user drop-off between referral and joining an activity signals a need for additional contact and support. Proposed peer support models may help this issue, such as the buddying system being tested in T&L3.
- Nature-based providers and health care professionals within the GSP system emphasised the importance of a person-centred approach, where individual choice was paramount. There are concerns that a medicalised model of prescription and associated language may undermine user buy-in.
- Most providers reported the single biggest challenge was getting users to the first session – once this had happened, people generally return and engage positively.

9. System Data Collection:

- Collecting robust, accurate and accessible data is one of the key challenges faced by social prescribing and by the GSP project. Barriers include the spread of data across multiple organisations (often requiring a common unique identifier and complex data sharing agreements), data remit (covering different sections of the individual's journey through services), lack of resource to collect or collate data, and a lack of agreed standardisation.
- One potential way to improve capacity at individual site level could be having an appropriately senior, dedicated role responsible for data collection, collation and reporting.
- Social prescribing software offers potential solutions to some of these issues but has not always translated into practice.
- There is debate about how to measure impacts from GSP, given that programmes seek to address such diverse and broad mental, physical and social health needs. Sites sought guidance from the existing literature, the evaluation team, national partners, their local commissioners and further afield; but there was often a lack of consensus between sources and for different audiences, as well as a disconnect between prioritised measures and the practicality of data collection.

10. Developing sustainable GSP systems and delivery:

- Sustainability was a core component of the T&L pilots from initial design of the strategy, through to efforts to identify emerging opportunities to embed ways of working as the systems developed.
- There is a common aim to try to break the 'cycles of innovation' that have dogged previous efforts to address intractable 'wicked' issues.
- The apparent maturity of the GSP and wider SP systems, and progress in ensuring sustainability is mixed across (and within) the T&L sites.
- Several sites have secured additional funding to contribute to the sustainability of progress made in developing the green social prescribing system. In some cases this is significant (e.g. close to £400,000).
- Embedding GSP within wider, but related policies and strategies, as well as within relevant structures is a key approach to longer term sustainability taken by all sites and the National

Partners. There is variability in how well this has been achieved to date, however this is a component of many of the T&L sites' end stage use of the funds and may develop further.

- There are concerns about post T&L project sustainability as some key factors such as nature based activity delivery funding are to some degree outside of the control of those involved in the local pilots.
- There are also concerns that progress made will be lost as attention shifts to other programmes, or due to system pressures such as the cost-of-living crisis.

Summary of Quantitative Monitoring data

As outlined above, considerable challenges have been encountered in generating monitoring data, and in the completeness and quality of these data. This is despite extensive engagement, support and training from the Evaluation Team. This summary necessarily represents a partial snapshot, not all sites provided data. Furthermore, of the sites that returned data, monitoring data was not captured for everyone accessing GSP. It is important to note that, in most sites, it was not possible to track people throughout their GSP journey from accessing a Link Worker to finishing in nature-based activities. Rather, data including changes in wellbeing was collected on users at stages of their GSP journey such as when accessing a nature-based activity. The data returned from sites was predominately individual-level data, where variables were recorded for a user. Where sites could not collect this, they were encouraged to complete aggregate data. However, it was often still challenging to collect this from Link Workers and nature-based providers.

Data has been received on a total of 943 people accessing Link Worker support across the four Test and Learn sites that provided data, and on 1725 people accessing nature-based activities from the six sites that received data from providers.

Link Worker data

Link Workers are seeing more women than men (Women: 58.5%, n=255/436 and, in most sites, they tend to be older (over 65s: 50.7%,n=268/529) and White British (93.8%, n=196/209). A substantial proportion of those seen by Link Workers have mental health needs (e.g. in Site 1, the mean ONS-4 anxiety score was 6.3 indicating people were experiencing high levels of anxiety (n= 69).

Nature –based provider data

Nature-based providers are seeing similar proportions of men and women (Women: 52.2%, n=990/1896; Men: 46%, n885/1898) and people from across the age spectrum including under 18s, people of working age and older people. A greater proportion of people from ethnic minority backgrounds than the national population average are participating in nature-based activities (White British: 68%, n=753/1107 compared to 78.4% national population). More than half of participants lived in the most economically deprived neighbourhoods (61.7%, n=501/812live in Decile 1-3 Neighbourhoods). Overall, about three-quarters had mental health needs (although this varied between sites) (74.8%, n=591/790). There may be a number of reasons why not everyone was categorised as having a mental health issue. One reason will be that people may not disclose the difficulties they are experiencing as it can take time for people to build up trust with providers. Secondly, some of the providers will be supporting people at higher risk of experiencing mental health issues such as experiencing socioeconomic deprivation, reflecting the preventative element of GSP.

There was considerable variation in referral routes, reflecting local systems. Self-referrals were the commonest route by which people arrived at a nature-based activity provider (30%, n=431/1447), while Link Workers were the source of referral in 27% (n=393/1447) of cases. Less than 5% of referrals came through mental health services. Given the different profile of those participating in nature-based activities compared to those seen by Link Workers, it may be that alternative routes, including self-referral and community links, are particularly important.

Where data were provided, it appears that people experienced an improvement in mental wellbeing after participating in nature-based activities. It should be noted however that this is based on very limited post intervention data, may be subject to bias and should be viewed with caution. Mental wellbeing data using the ONS-4 was collected by 4 sites- however one site could only provide an overall change figure and one site collected data on 2 of the 4 ONS-4 questions. This meant that we were not able to collate the data across all the sites to look at change from individual service-users across the site. Rather, we have had to rely on understanding how levels of wellbeing have changed within the sample between people starting attending a nature-based provider and when their second ONS-4 measure

was collected, so exploring population changes. Samples vary per ONS-4 domain but the maximum sample size was Pre: 543 people and Post: 473 people. Part of the reason for small amounts of data was that some sites were in the earlier stages of delivery and many users were still attending activities. Of the ONS-4 data received, amongst the sample there was an increase in the proportions of people with higher levels of wellbeing and lower levels of anxiety:

- The proportion of people having a very high or high life satisfaction increased from 17.4% (n=38/219) to 78% (n=128/164) after people accessed nature-based activities.
- The proportion of people having a very high or high level of feeling life is worthwhile increased from 20.6% (n=45/218) to 64.7% (n=106/164) after people accessed nature-based activities.
- The proportion of people having a very high or level levels of happiness increased from 38.7% (n=210/543) to 84.2% (n=398/473).
- The proportion of people experiencing high levels of anxiety reduced from 33.6% (n=179/532) to 9.5% (n=44/463) after people accessed nature-based activities.

4. Conclusions

This interim report summary presents synthesised findings from across the evaluation to explore our current understandings of:

- The different systems, actors and processes in each T&L site and how these impact on access to, and potential mental health benefit from, GSP.
- The system enablers and barriers to improving access to GSP, particularly for under-served communities.
- How GSP is targeted at particular groups, including underserved communities.

Aligning local and national GSP priorities: For complex projects such as GSP, clear alignment and shared understanding of local and national priorities from the outset is likely to give projects the best chance of success. Arguably, and perhaps not unusually for large scale cross sectoral change projects, it has taken the project 12 months to resolve this, but tensions still exist. There remain some uncertainties, for example, about where the boundaries of GSP lie and whether the project focus should be the impact on individuals, or the impact on systems. These are clearly interlinked, with individual impact at scale dependent on the systems to enable this, and examples of impact potentially reinforcing the systems change required to achieve this. However, such uncertainties may impede progress and the national partners should ensure that the Test and Learn sites have sufficient autonomy in the delivery of their project to respond to local needs and contexts.

Importance of Shared Outcomes funding: Undertaking projects which aim to affect systems change is challenging, and takes time. In this context the National Shared Outcomes Fund investment has had a powerful and catalytic effect. It has facilitated getting stakeholders around the table more quickly than would otherwise have been the case. It has also enabled leverage of other local and national resources to support implementation. Many of the challenges encountered by the projects are also present in other, non-Test and Learn areas, but the resource provided by the GSP project has enabled the Test and Learn sites to explore how these can be overcome.

Embedding a system-level understanding of GSP: For the project to successfully enable GSP to scale and become sustainable, there is a need for a systems level understanding and prioritisation of GSP: what is it, what are the benefits, how well integrated is it within the wider health system and what resources are needed to enable it to be sustainable? This is underway but will require more time than the two-years currently proposed. We found that spending time engaging with key actors in different parts of the system about GSP is key for securing buy-in, but this is difficult with stakeholders who were less centrally involved in the inception of the project, or those who become distant from the project over time and as the amount of key actors grows.

Challenges facing the VCSE sector: The VCSE are critical partners in social prescribing but issues around their funding - often small scale and short term – could limit the sustainability and roll-out of GSP at scale. In the context of resource scarcity within and beyond the health system a shift towards prevention, investment and long-term solutions may help. Commissioning GSP providers by the local NHS could be part of the solution and new statutory guidance from the NHS about how ICS should proactively engage with VCSEs represents an important step-forward in this regard. However, additional resources will also need to be drawn in from elsewhere to enhance the involvement of nature-based providers in GSP (for example from philanthropic funders or social investment).

Tailoring referrals more effectively: Although understanding about nature-based provision, and of referral pathways through the GSP pilots is still evolving, tailoring and targeting support is very important, alongside a mixed ecosystem of nature-based providers. Smaller community organisations may be better equipped to deliver universal activities suitable for those with less complex needs, or preventative interventions, provided they are not overwhelmed by referrals. For more complex cases or more severe needs, larger organisations or those with specialist skills may be better able to provide the expertise required to support these people appropriately. Future 'scale up' or 'roll- out' strategies will need to reflect this.

Improving referral pathways: Referral pathways need to be underpinned by mutual understanding and strong relationships between Link Workers and other social prescribers, and nature-based providers. Key enabling factors include:

- Awareness of the benefits of nature-based provision.
- Understanding of the range availability of nature-based provision in an area.
- Nature-based providers relationships with Link Workers and other referrers.
- Community-referral and self-referral are accepted and promoted.

Where these conditions are in place the GSP system seems to be working best; where they are missing, referral numbers can be very low. The Test and Learn sites are trying to build the connections necessary to address this, but the scale of the challenge means this will take time.

Pressures affecting the social prescribing model: Current social prescribing models are under strain, particularly caseload demands for Link Workers and the complexity of need they are dealing with. This is likely to become even more acute through the cost-of-living crisis. GSP is reliant on a functioning social prescribing model if it is to work. Policy, nationally and locally, should consider how to achieve the appropriate caseload balance between a) the quantity of patients supported and b) supporting fewer people more intensively and sufficiently to achieve outcomes. Alternative approaches to accessing nature-based activities, including self-referral, should also be explored and promoted where appropriate.

Quantitative data challenges: A major tension within the GSP project is around quantitative monitoring data. A myriad of issues that affect the availability, quantity and quality of data available. These include:

- Capacity of Link Workers and nature-based provides to collect data from participants, particularly individual level follow-up data about outcomes.
- Capability within the whole system to record, collate, link and analyse data in a systematic way across referral pathways.
- Philosophical concerns amongst some nature-based providers who are not convinced that this should be a priority for them, as it detracts from their distinctive core offer.

These challenges are not uncommon within parts of the health system that are more used to these types of requirements (such as primary care) or for other projects involving VCSEs within and beyond health. To maximise data quality there should be collaborative efforts to identify the data that needs to be collected across the system and a focus on measuring a small number of items consistently. It is also necessary to improve and align systems of data collection, collation and analysis.

Targeting under-served populations: From the limited monitoring data we currently have, it appears that the Test and Learn sites have been able to reach populations that are currently under-served by social prescribing. Sites have used a number of strategies to achieve this, including co-production, co-design and collaboration activities with local communities and VCSE groups; addressing practical barriers to participation; funding specific projects to plug identified gaps in provision; and targeting activities and materials to needs of specific groups or within specific localities. Sites recognised that while such work could be challenging and time consuming it is valuable and necessary.

Implications

Implications from our initial learning in this interim report are shown in Table 1.

Table 1: Summary of Implications

Implication	Context	Key actions
1. There is a need for clarity of, and agreement on programme aims and objectives, and for means of achieving them	• The GSP T&L programme is a complex and large programme with hundreds of different stakeholders each with differing needs and expectations. We found that views of the nature and goals of the GSP system vary and, in some cases, differ between partners. This is not surprising or a failure. • GSP project funding, strategy and leadership, and funded project manager posts in T&L sites, have been catalytic for scaling up and embedding GSP in the pilot sites. • There is a lack of a robust and deep understanding, amongst a range of stakeholders, of what is needed to significantly shift the balance of control and structures to build and embed new systems. • Power imbalances between statutory and VCSE sectors were evident. The VCSE sector may be expected to be flexible in responding to need, where statutory partners may have less agility and flexibility.	• Commitment to, and time/capacity for co-creation is important- knowledge about current working, and solutions to possible problems, may be localised across the system and relationships and networks within and between organisations are key. Time needs to be taken to clarify and find agreement on the aims and objectives of the programme, how they are to be achieved, and to agree on the order of priority. • Agreeing and prioritising the key national and local policy tools and objectives, early in the process, through which the goal of embedding and sustaining GSP can be achieved in the future. • Raising awareness – locally and nationally – of GSP, including what it is, what the benefits are and for whom, and the resource implications, is an ongoing process, but is vital to secure buy-in and win the hearts and minds of key stakeholders. • The evident power imbalances within the GSP system need to be articulated and, where possible, addressed. • Efforts need to be made to keep enthusiastic people in the system informed about activity and progress, and feeling valued to avoid partners feeling disconnected and reducing commitment.
2. The is a need to support and enable local flexibility	• The purposes of the T&L programme were to clarify what was needed within local contexts to develop and sustain green social prescribing; to address system barriers to scale up and understand actions and behaviours required to sustainably embed effective GSP delivery models as part of the wider landscape. • The T&L sites developed locally relevant plans that were responsive to their specific needs. • The support offered by the National Partners to local sites was considered to be critical.	• There is a need to ensure that the top-down national requirements do not erode the ability of each Test and Learn site's ability to respond to pre-existing strategy and emergent local needs and contexts. • This requires flexibility in the interpretation and application of the requirements of the Shared Outcomes Fund and an understanding that GSP priorities, and outcomes, will vary by area as a result. • It was argued that national partners may need to cede more power to local areas to ensure they have sufficient autonomy in the delivery of their T&L project to respond to local needs and contexts, whilst remaining an active participant in those discussions.

Implication	Context	Key actions
3. There is a need to address investment mechanisms for nature-based providers	• Investment in and funding for the development and delivery of nature-based activities is ad-hoc, short term, unsustainable, and difficult to predict. • The lack of long-term investment and system level support has impacted on the GSP project, as well as on the wider SP system. • Seeking and securing investment or funding is a considerable burden on the VCSE sector. Smaller scale providers may find it particularly challenging to find time and capacity to continually seek funding. More specialist providers may need access to more sustained funds that can support infrastructure and specialist staffing. • Despite these challenges, many providers are skilled at identifying and gaining funding from a range of sources to develop and continue their work and being agile and flexible in the ways they work. • Despite the lack of systematic investment in the provision of activities due to the priorities of the T&L programme as a whole or local site strategy, VCSE providers are under huge pressure due to the size, complexity and severity of caseloads. • There was frustration from some that T&L funds were perceived to have been directed upstream and they were not receiving enough funding to be able to deliver services, undermining commitment to the programme.	• Review the investment and funding landscape, clarify key mechanisms, identify key actors with agency to address barriers, and act on barriers relevant to different types of providers. • Clarify what is needed to develop an investment mentality; to reframe providers as a form of social infrastructure to be invested in as a key pillar of the system. Explicitly shift thinking towards prevention, investment and long-term solutions. • Commissioning GSP providers by the local NHS is a potential (contributory) solution and is being explored by some sites. Development funding to support application development would help ensure that the design phase (is as effective as possible and facilitates collaboration.

Implication	Context	Key actions
4. There is a need to address Link Worker capacity and workload	• Link Workers and other community connectors are an important component of social prescribing, however the role is under ever increasing pressure. • Pressure comes from: numbers of referrals; severity and complexity of need; personnel gaps. Link Workers are working at capacity. • We were told that Link Workers are 'undervalued and under-resourced'. • Some are receiving referrals for people who are high risk and some felt they were being put in dangerous situations. • People's immediate needs include housing, finances, food etc.). It takes time to address this and create stability first, only then may some people be ready for .SP • Link Workers may have little capacity to proactively learn about the local nature-based activities.	• National and local social prescribing policy makers need to consider how to achieve the appropriate balance between a) the quantity of throughput (a more transactional model) and b) supporting fewer people sufficiently to achieve outcomes (a more relational model, as indeed was originally developed and intended). • There may be a need to increase the capacity of Link Workers within the wider social prescribing system, (e.g. increasing the workforce, improving triage at initial referral). • Recognise the plurality of the referral/access pathways (community connectors, VCSE routes, self-referral) and facilitate these other routes to nature-based activities (see below).
5. Recognising the plurality of the pathways to accessing nature-based activities is key	• There are different operational definitions of the GSP 'referral system'; from narrow clinical pathway, to a broad spectrum of different routes, including access via self-referral. • A relatively low proportion of Link Worker referrals are to nature-based activities (NB uncertain due to data challenges, & data collected at the beginning of programme). and Nature-based providers reported the majority of people are accessing their services via routes other than via Link Workers (NB uncertain due to data challenges, & data collected at the beginning of the programme). • The conditions that can facilitate effective Link Worker referral systems are generally understood and sites are trying to build the connections necessary to address this, but the scale of the challenge means this will take time, and many factors can disrupt the process.	• Build mutual understanding of the GSP 'system' and strong relationships between Link Workers and other social prescribers, and nature-based providers. Developing effective partnerships across the sites is integral for ensuring strong referral pathways. • Community-referral and self-referral are accepted and promoted as a mechanism for accessing nature-based provision. • Explore the implications of, and ways to achieve a robust self-referral system and community to community connection referrals. • If self-referral is recognised as an important pathway there is a need to explore the profile of self-referees and how this may differ from other referral sources; clarify what motivates/ activates people to self-refer; and explore how people find out about the opportunities they access.

Implication	Context	Key actions
6. GSP should build on and extend efforts to target under-served communities, and expanding specialist provisions to support people with more severe needs	• There are questions about how GSP is delivered appropriately, equitably and does not inadvertently exacerbate inequalities. However, early indications are that a wider range of people are participating in nature-based activities in the T&L sites than is typical. • More people arrive at nature-based activities via self-referral than via Link Workers. This and other community links may be important routes for GSP. • Many people are accessing the GSP system who have more specialist mental health needs, which may not be sufficiently met in more general groups • Many providers feel ill-equipped to deal with the types of mental health difficulties faced by people being referred to them. • The need to engage with underserved populations and reduce inequalities is a priority.	• There needs to be greater understanding of if and how sites and providers are targeting activities successfully. • Support an ecosystem of providers: smaller community organisations may be better equipped to deliver 'universal' or preventative interventions. For more complex cases or more severe needs, larger organisations or those with specialist skills may be better able to support these people appropriately. This has implications for future 'scale up' or 'scale out' strategies. • Co-production, co-design and collaboration with local communities and VCSE groups can help to overcome practical barriers to participation. This needs to be funded. • Further work is needed to understand how to overcome challenges to participation relating to poverty, digital and physical access, fluctuations in mental health, language, and cultural differences.
7. Consistency of understanding around data requirements and responsibilities across the system	• There are major challenges associated with collecting, accessing, collating and analysing quantitative data across the social prescribing system. These findings reflect similar experiences from multiple projects within and beyond health. • Collecting robust, accurate data and then making it accessible is one of the key challenges faced by those in the GSP system. • Some nature-based providers felt they were being asked to collect outcome measurements without being paid to do this type of work, or lacked capacity, or motivation to use what were sometimes seen as inappropriate measures. • NHSE is-leading work to develop a social prescribing minimum data set and data standard. The GSP project has itself provided impetus and focus to try and address some of these challenges. • Some sites have invested time and resources to support nature-based providers through workshops to understand challenges to data collections, and then designing training to address these, with funds to back fill attendance.	• Resolving the data challenges of the T&L programme and of the wider GSP system should be a priority. • A system wide approach which prioritises, and invests in, data collection is required for both the T&L programme and the wider GSP system. • Clarity is needed about what data is needed and for what purposes, and this should be communicated clearly to all those who will need to act on the requirements. • Different types of data are valued by different parts of the system, and co production, capacity building and appropriate resourcing (including to attend any training) may be needed to try and reconcile these differing perspectives and support sufficient data collection. • The onus for data collection should be on the GSP system as a whole, and not the VCSE sector.

Implication	Context	Key actions
8. The importance of ongoing investment in system-level work to embedded progress made and extend learning beyond the GSP project needs to be recognised	• Undertaking systems change projects is challenging and takes time. The National Shared Outcomes Fund investment has had a powerful and catalytic effect on GSP nationally and within the Test and Learn Sites. • The resource provided by the GSP project has enabled the T&L sites to explore how these challenges can be overcome. • The GSP project is being implemented in a relatively short time period to bring about system change and to understand what works, where and for whom. • Other areas have not had access to similar levels of investment and have struggled to develop or embed GSP at the same rate as the Test and Learn sites.	• An extension to the GSP project is key to ensuring the learning and system-level changes achieved so far can be embedded, enhancing the prospects for these to lead to lasting change. • If an extension to the Shared Outcomes funding is not received, the Test and Learn sites will need to consider alternative approaches and sources of investment to continue their work and embed change. • Beyond the GSP project, areas interested in scaling-up and embedding GSP should make this a system level priority and secure investment in the resources needed to undertake systems change; draw on the learning from the GSP project; and invest in activities that are most needed and most likely to have an impact in their local context.

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