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

Briefing Document - Interim Report | September 2021 to September 2022

January 2023

The 'Preventing and Tackling Mental Ill Health through Green Social Prescribing' Project is part of a two-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 (GSP) into communities in seven test and learn sites in England, running from October 2020 to April 2023, in order 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.

In this project, GSP involves supporting people to engage in nature-based interventions and activities to improve their mental health. Social prescribing (SP) Link Workers (LWs) and trusted professionals in other allied roles connect people to voluntary organisations and community groups for practical and emotional support, based on a 'what matters to you' conversation. There are four 'pillars' of social prescribing that Link Workers connect to: physical activities, arts/cultural activities, debt and other practical advice, and nature-based activities.

There are many different types of nature-based outdoor activities and therapies that people may reach through a social prescription. The activities vary but can include elements of: conservation; horticulture and gardening; care farming; exercise and sport; creativity and arts; and talking therapies. Seven Test and Learn (T&L) sites across England are working closely with the national partners to explore and share learning about how these types of activities can be embedded within existing social prescribing services and pathways, with a particular emphasis on contribution to addressing poor mental health and long-term sustainability.

A national evaluation of the GSP project is being undertaken by a consortium led by The University of Sheffield working with University of Exeter, University of Plymouth, and Sheffield Hallam University. The evaluation will assess processes, outcomes and value-for-money, in order to inform implementation and future policy and practice. It has four key aims:

- **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.

The purpose of this document is to provide a summary learning from the evaluation based on data collected from September 2021 to June 2022, and drawing on initial scoping work undertaken March 2021 - July 2021. As it includes insights gained during the first months of the project, some findings reflect a period when the sites were still refining their approaches and building up implementation of key activities. Findings speak largely to aims 1 to 3, with final understandings about how to embed GSP being developed for the final report in June 2023.

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

1. Features of the Test and Learn Sites

Different strategies were taken by the pilots to address their aims:

- Initial system building and strengthening with direct funding of activities at a later stage of the project.
- Parallel system building and direct funding of activities and/or funds awarded that aim to reduce barriers to uptake.
- Primarily system building and strengthening with relatively little to no direct funding of activities to date.

By developing theories of change with each Test and Learn Site, and through producing a synthesised cross-site version (see Figure 1 below), the Evaluation Team has clarified the types of work being undertaken in each area.

Vision: Most sites wish to effect systems change to improve linkages between existing systems and nature-based providers, in order to connect more people from more diverse populations with nature and reduce health inequalities. Most are aware of the need to ensure that GSP is sustainable and have a focus on increasing investment and support for nature-based activities and providers.

Change: Each site has identified the changes they believe are needed to achieve the necessary systems change, including: generating better evidence (including clinical evidence) to strengthen clinician buy in; building links and aligning with broader system level structures and cultures, strategies and programmes; developing clearer referral pathways and more robust connections between Link Workers and providers; increasing provider capacity; raising awareness of nature-based activities and their benefits; and ensuring equitable access to nature across local populations.

Medium- and long-term outcomes: Sites have identified a range of medium- and long-term outcomes including: establishing trusting relationships and partnerships within the system; GSP becoming better understood, accepted and valued by health care professionals and the healthcare system; sustainable funding (including direct commissioning); improved capacity amongst green providers; improved referral and access pathways; increased awareness and understanding; equitable uptake of GSP offers by the community; and GSP practices becoming environmentally sensitive.

Sites also aim to increase understanding, awareness of, equitable use of, and connectedness with, local natural assets.

Collectively, the sites anticipate that in longer-term these activities aiming to embed GSP in their localities will lead to empowered and resilient communities and improved mental and physical health outcomes across their populations.

2. Key findings

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

- The different systems, actors and processes in each Test and Learn 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 the best chance of success. Arguably, and not unusually for large scale cross sectoral change projects, it has taken the project 12 months to resolve this, and some uncertainties remain. For example, about the boundaries of GSP and whether project focus should be the impact on individuals, or on systems. These are interlinked, with individual impact at scale dependent on the systems to enable this, and examples of individual impact reinforcing the required systems change. However, such uncertainties may impede progress and national partners should ensure that T&L sites have sufficient autonomy to respond to local needs and contexts.

Importance of Shared Outcomes funding: Affecting systems change is challenging and takes time. The Shared Outcomes Fund investment has had a powerful catalytic effect, and has facilitated getting stakeholders around the table more quickly. It has also enabled leverage of other local and national resources to support implementation. Many of the challenges encountered are also present in non-T&L areas, but the resource has enabled T&L sites to explore how these can be overcome.

Embedding a system-level understanding of GSP: To successfully enable GSP to scale up and become sustainable, systems level understanding and prioritisation of GSP is needed: 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 2-years currently proposed. Spending time engaging with key GSP actors in different parts of the system is key for securing buy-in. This is difficult with stakeholders who were less centrally involved in the inception of the project, or who become distant from the project over time and as the amount of key actors grows.

Challenges facing the Voluntary, Community and Social Enterprise (VCSE) sector: The VCSE are critical GSP partners 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 is an important step-forward. However, additional resources drawn in from elsewhere are needed to enhance the involvement of nature-based providers (e.g. 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 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 LWs and other social prescribers, and nature-based providers. Key enabling factors include: Awareness of the benefits of nature-based provision; Understanding the range of nature-based provision available; Nature-based providers’ relationships with LWs; Community-referral and self-referral 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 T&L sites are trying to build the connections necessary to address this, but this will take time.

Pressures affecting the social prescribing model: Current social prescribing models are under strain, particularly caseload demands for LWs 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 is around quantitative monitoring data. A myriad of issues affect the availability, quantity and quality of data available. These include: Capacity of LWs 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 in 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 data needs across the system and a focus on measuring a small number of items consistently. It is necessary to improve and align systems of data collection, collation and analysis. Furthermore, collecting and analysing monitoring data requires resources e.g staff time, investment in data systems and further consideration is needed about resourcing.

Targeting under-served populations: From the limited monitoring data we currently have, T&L sites seem to have been able to reach populations currently under-served by SP including those from an ethnic minority background and those living in more deprived neighbourhoods. Strategies have included co-production, co-design and collaboration activities with local communities and VCSE groups; addressing practical barriers to participation; funding specific projects to plug provision gaps; targeting activities and materials for specific groups/ localities. This essential work can be challenging and time consuming.

3. Quantitative monitoring data

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 4 Test and Learn sites that provided data, and on 1725 people accessing nature-based activities from the 6 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.%, n=885/1898) 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=501/812 live 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. At this stage, the data needs to be treated with caution because it is based on population rather than individual change. 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. For example, the proportion of people having a very high or high level 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. Implications

- **Implication 1:** There is a need for clarity of, and agreement on programme aims and objectives, and for means of achieving them
- **Implication 2:** There is a need to support and enable local flexibility
- **Implication 3:** There is a need to address investment mechanisms for nature-based providers
- **Implication 4:** There is a need to address Link Worker capacity and workload
- **Implication 5:** Recognising the plurality of the pathways to accessing nature-based activities is key
- **Implication 6:** GSP should build on and extend efforts to target under-served communities, and expanding specialist provisions to support people with more severe needs
- **Implication 7:** There is a need to ensure consistency of understanding around data requirements and responsibilities across the system
- **Implication 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.

5. Context for the project

The GSP project is being delivered within a rapidly changing and complex context:

- **Roll-out of social prescribing in Primary Care Networks (PCNs):** following the publication of the NHS Long Term Plan in 2018 each PCN in England has been able to employ a Social Prescribing Link Worker. Although more than 1,500 LWs are now in place, more are still to be appointed and they are still in the process of being integrated within GP practices and wider (non-PCN) systems of social prescribing and associated community-based support.
- **COVID-19 pandemic:** implementation of the GSP project commenced at the height of the pandemic in January 2021 whilst local health partners were focussing on the vaccine programme and managing unprecedented levels of demand across the health system. Many social prescribing Link Workers were redeployed to support the pandemic response, had to rapidly change methods of interaction, and many of the activities they refer to were paused during various periods of 'lockdown'.
- **Health system reforms:** each Test and Learn Site is within the footprint of an Integrated Care System and Board (ICS/ICB). ICS are new partnerships to coordinate services in a way that improves health and reduces inequalities which came formally into existence in July

2022. This has created opportunities but also uncertainty and additional complexity around the commissioning of social prescribing and community activities at a local level.

- Limited and inconsistent data and evaluation systems: social prescribing, and the activities people are referred to, have developed rapidly in the past 10 years and services have been commissioned and funded from multiple different sources to address a range of different needs, population groups and outcomes. This has led to a fragmented and inconsistent approach to data collection and evaluation which means it is currently not possible to robustly aggregate or analyse data across local and national systems and services.

6. Methods

This complexity has implications for the GSP project and social prescribing more generally and highlights the importance of taking a 'whole systems approach' to understand how to embed GSP and ensure its sustainability. Whole system approaches aim to harness and facilitate the power of individual and organisational relationships between those working within a system to achieve change. They recognise that knowledge about current working and possible problems may be localised across the system and vary considerably from one place or system to the next. Reflecting the complexity in which the GSP project is being implemented, it is understandable that each site is taking a different approach to the project, prioritising different activities and focussing on developing relationships and processes in different parts of their local system to support the delivery of GSP. In response, we have not sought to take a comparative approach to analysis, or assess the relative 'success' of each site. Rather, we aim to understand rich detail about the activities, challenges and achievements of the sites in context, recognising that each T&L site is operating within its own unique set of circumstances and have each taken a very different approach to developing the systems and facilitating increased GSP. We are working towards identifying the factors within each context that have, or could, contribute to facilitating equitable GSP.

The evaluation is taking a multi-method approach and is informed by realist and whole systems approaches. The project consists of 7 interlinked work packages (WPs).

WP 1	Scoping: design and development of the evaluation framework
WP 2	Evidence synthesis and development of local ToCs
WP 3	A mixed methods in-depth evaluation of the 7 T&L sites • 3A Quantitative data. Surveys and monitoring data • 3B Qualitative data. Observational data, interview data
WP 4	Light touch qualitative evaluation of non T&L sites
WP 5	Qualitative evaluation of National Programme Partnership. Interviews and workshops
WP 6	Value for money.
WP 7	Integration of work packages and dissemination. Synthesis of WP 1-6.

Next steps In the final phase of the evaluation the following activities will be undertaken in order to address our evaluation aims:

- WP3A Quantitative: Continue to support Test & Learn sites with collecting monitoring data. Undertaking of further subgroup analysis to meet needs of Test & Learn sites. A further cohort of data will be analysed in Spring 2023. Development of follow up Link Worker and nature-based provider questionnaires to administer in Spring 2023.
- WP3B Qualitative: Continued embedded researcher activities with sites. Additional interviews / focus groups with service users and key stakeholders in Winter 2022/23. Continued collation and analysis of case studies. Further analysis.
- WP4 Light touch evaluation of non-Test & Learn sites: Follow-up interviews and workshops Autumn 2022.
- WP5 National Partnership: Follow-up interviews and further workshops for Theory of Change development Autumn and Winter 2022.
- WP6 Value for Money: Site level tools to be completed by all seven sites by Spring 2023. Provider level tools to be completed during Autumn-Winter 2022/23. Stakeholder workshops to establish meaningful cost comparators and 'typical' care package costs by Spring 2023.

- WP7 Integration and synthesis of findings: Further refinement of explanatory analytic framework to inform final data collection by WP2-6. Final reporting Summer 2023.

This briefing document has been disseminated to key stakeholders including the national partners, Test and Learn Sites, project board and advisory board. The full interim report on which it is based will be published after peer review. The Final Evaluation Report will be produced in the Summer of 2023.

This briefing document, and the accompanying summary, full interim report and appendices, are published by Defra (Defra Project Code BE0191) and are available from the Department's Science and Research Projects Database at https://randd.defra.gov.uk. Whilst the research was commissioned by Defra, the views expressed reflect the evaluation findings and the authors' interpretation; they do not necessarily reflect Defra policy.

This briefing document is based on work undertaken by the GSP National Evaluation Team - **University of Sheffield:** Annette Haywood, Alexis Foster, Eleanor Holding, Richard Jacques, Jill Thompson. **University of Exeter:** Ruth Garside, Harriet Hunt, Kerryn Husk, Becca Lovell. **Sheffield Hallam University:** Chris Dayson, Matt Baumann, Julian Dobson, Cathy Harris, Phil Northall, Katie Shearn, Ian Wilson.

With many thanks to Vera Fibisan, Merryn Kent and Sarah Ward for administrative support.

Thanks to all the Test and Learn sites for their ongoing engagement with the Evaluation Team, and to all those who provided questionnaire, interview and monitoring data and participated in workshops. Thanks to the national Partners who provided useful comments on a previous draft of this briefing.

Suggested citation: Haywood, A*1 Dayson, C*2 Garside, R*3 Foster, A*1 Lovell, R*3 Husk, K*4 Holding, E*1 Thompson, J*1 Shearn, K*2 Hunt, H.A*3 Dobson, J*2 Harris, C*2 Jacques, R*1 Northall, P*2 Baumann, M*2 Wilson, I*2. National Evaluation of the Preventing and Tackling Mental Ill Health through Green Social Prescribing Project: Interim Report Briefing – September 2021 to September 2022. January 2023. Department for Environment, Food and Rural Affairs (London).

University of Sheffield*1 Sheffield Hallam University*2, University of Exeter*3 University of Plymouth*4

Figure 1: Generic local level theory of change

Issues

Health
- Covid
- Health Inequalities
- Increasing rates of poor MH

Health Systems
- Burden on health service
- Resource pressures within health systems
- Pressure on key actors within systems e.g. on LWs
- Move to new ICS/Ns

SP/GSP referral system
- Complex health/SP/GSP landscape and poor understanding of the 'system' from all perspectives
- Negative attitudes towards GSP
- Low levels of formal referrals to GSP
- Inappropriate referrals to GSP
- Little experience of GSP

Wider Issues
- Inadequate social infrastructure
- Climate crisis

Green providers
- Funding challenges
- Little experience of SP
- GSP networks are fractured and dispersed

Evidence
- Poor evidence of individual and societal impacts of GSP
- Lack of ability to demonstrate (cost-) effectiveness of process

Ambitions

Improve GSP systems
- To describe understand the system from and for all stakeholders' perspectives/needs
- Join up systems
- Maintain flexibility in systems
- Ensure sustainability through more long-term funding

Increase GSP
- Increase access to GS via GSP
- Equitably increase uptake of GSP

Improve health
- Supporting communities to be healthy
- Improve MH
- Reduce burden on health system

Improve connection to nature
- Increase connection to nature

Scaling up and out of GSP
- Broaden GSP beyond MH
- Improve capacity of green providers
- Increase understanding of benefits and impacts of GSP

Improve understanding of what works/ed
- Build an evidence base for GSP

What resources will be used?

Funding and programme resources
T&L project funding
Additional sources of funds (e.g. CCG, ICN, VCSE, other competitive funds).

Institutional resources
Matched staff time.
Support from national policy service delivery (e.g. NE, DHSC, NHSE, Sport England etc.).

Environmental resources
Local green assets (green infrastructure).
Existing green providers.

Systems infrastructure
Existing SP infrastructure.
Opportunities of move to ICS/Ns.

Networks and partnerships
Cross-sectoral leadership.
Existing relationships and partnerships working.
Health strategy groups.
Established environmental networks.
Maps of actors and networks.

Strategies and policies
National and local policies and strategies that can be used as leverage tools.

Attitudes
The motivation, collegiality and good will of being part of national T&L programme.
Growing recognition of value of nature.

What will we need to change or do?

GSP system actions
Set up local leadership and specific T&L network.
Engage senior colleagues beyond T&L leadership.
Work in coordination and collaboration across system/s.
Increase trust between stakeholders.
Develop stakeholder groups.

Scoping issues/knowledge building actions
Understand what is happening and where so to not disrupt systems that are working.
Establish oversight processes.
Co-design system development strategies.
Link T&L to wider change strategies.
Audit assets, stakeholders and activity.
Balancing demand and supply.
Develop sustainability plans.
Create clear referral pathways.
Improve access to funding.
Create systems to enable flow of information.
Create quality standard for GSP and toolkits for GSP good practice.
Capacity building.
Training and workforce development.
Promote use of outdoors to all sectors.
Develop resource hub.

Health system actions
Develop link worker peer support networks.

GSP provider and provision actions
Place based awarding of grants (T&L) to enable provision.
Develop GSP delivery infrastructure.
Develop Green provider networks.
Remove barriers to GSP for communities through culturally appropriate offers and buddy systems.
Increase GSP delivery capacity.

Attitudinal and knowledge actions
Increase trust between stakeholders.
Convince those not convinced.
Produce information/marketing for GSP.
Increase understanding of GSP amongst stakeholders.
Build network of green advocates.

Evidence actions
Collate existing evaluations and evidence.
Learn from good practice elsewhere.
Creation of outcomes frameworks.
Enable robust data capture.
Produce clinical standard evidence e.g. through clinical cohort.
Promote use of robust validated outcome tools, standardised across system.
Collaboratively define and agree appropriate/non-mandated outcomes approach.
Recognising and collecting more diverse types of evidence.
Undertake action research to guide T&L process.

What change will we see in the medium term?

GSP system outcomes
Increase GSP referrals.
GSP embedded within local SP system, health and care system.
Shifts and increases in resources for GSP Greater community co-development of GSP.
Continuity and empowerment of stakeholder involvement in T&L
Flexible and responsive problem solving enabled.

Green provider outcomes
Green providers more engaged in SP system.
More resilient VCSO sector.
Green providers enabled to adapt their activities to mitigate health inequality.
Increased capacity for more GSP.
Increase availability of funding.
Wider availability of different GSP options beyond MH, increased voluntary opportunities.

Health and wellbeing outcomes
Improved MH and P health outcomes.
Reduced stigma relating to MH.
Improved quality of life.
Targeted provision to reduce health inequalities.
Improved community connections.
Empowered communities.

Environmental outcomes
Increase in nature connection and pro-env behaviours.
Behaviour changes in green space use in communities.

Evidence outcomes
Better understanding of what works (and doesn't) in GSP.
VCSE better equipped to measure outcomes.

What change will we see in the longer term?

GSP system outcomes
GSP fully embedded within wider SP, health and care system.
GSP embedded in wider strategies inc. e.g. transport.
Integrated commissioning processes and managements plans for SP and GSP.
Relationships are sustainable and maintained.

Well-developed pathways of GSP
Those most in need able to access GSP.
More diverse GSP provision.
Reduced inappropriate referrals.

Green provider outcomes
More diverse workforce in GSP.
Increased numbers of volunteers.

Health and wellbeing outcomes
Improved health outcomes.
Reduced health inequalities.
Reduced unemployment.
Reduced uptake of universal credit.

Environmental outcomes
Improved environments (through increased pro-env behaviours).
Increased green assets that are safe and accessible.
Increased involvement in conservation.

Evidence outcomes
Good understanding of what works.
Patient experience is understood and acted on.

What will success look like?

GSP system
GSP fully embedded in the health and social care (and wider) systems
Strong leadership in GSP
GSP recognised and accepted as legitimate and option of choice
GSP contribution to transformation of MH services through ICN/S
GSP rolled out beyond MH
Sufficient provision of GSP across locality
Everyone has access to GSP

Green providers
Robust and sustained networks of green providers
Long term funding opportunities are available

Health
Demonstrate improvements in MH in those engaged in GSP
Reduced use of health services

Environmental
Access to greenspace is demonstrably equitable and improved

Evidence
How and why GSP works is understood
Evidence is used to enable action