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University of Sheffield

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

Key successes, challenges, reflections, and lessons learnt from the last 3 years (2021/22-2023/24)

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Evaluation of the South Yorkshire Tackling and Preventing Mental Health Through Green Social Prescribing Project

Key successes, challenges, reflections, and lessons learnt from the last 3 years (2021/22-2023/24)

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1 Introduction

NHS South Yorkshire Integrated Care Board (ICB) is the location for one of seven national green social prescribing 'test and learn' sites. Each site received around £500,000 from the HM Treasury Shared Outcomes Fund alongside additional local investment to develop approaches to tackling and preventing mental ill-health through green social prescribing and 'to *establish what is required to scale up green social prescribing at a local system level and take steps to increase patient referrals to nature-based activities'.*

Each Test and Learn site were working to achieve four key objectives:

- 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.

Green Social Prescribing refers to a set of pathways which enable people with a need identified by the individual or a health professional, to access nature-based activities and services based in or using the natural environment and typically, provided by the voluntary and community sector, designed or intended to benefit mental, emotional, physical or social health. This is done through social prescribing link workers who build relationships with people based on a 'what matters to you' conversation and an offer of practical and emotional support.

The South Yorkshire project is being evaluated by researchers from Sheffield Hallam University and the University of Sheffield. It is employing a 'Developmental Evaluation' methodology to identify and share learning about the project on an ongoing basis through several 'cycles' of activity. Developmental Evaluation is designed for systems and settings where innovation and adaptation are an ongoing part of the strategy and where the operating context and the potential solutions to a problem are complex.

This final developmental evaluation report, covering the period April 2021-March 2024, aims to capture reflections on key successes, which aims were met, how challenges were overcome and any that remain, as well as the key learning and other reflections on the GSP programme.

The Test and Learn site in South Yorkshire has recently updated their vision *'to achieve a health and care system that embraces nature for wellbeing, with an embedded and sustainable green social prescribing offer within the social prescribing landscape'.*

This final evaluation is aligned with the four principles of the new vision statement:

1. **System change:** Joined up activities, assets and providers to offer a wide range of resilient pathways and access routes in health, care and communities.

2. **Addressing health inequalities:** Improved access to green space and nature connection for all with a focus on equity of access for people most at risk of health inequalities, including marginalised and underserved communities, children and young people and people adversely affected by the COVID-19 pandemic.

3. **Evidence and understanding:** Strong recognition across the integrated care system (ICS) of the impact and benefits of green social prescribing for individuals, communities and the health and care system.

4. **Capacity and resources:** Improved capacity and sustainability of both green providers and those working to support people with their health and wellbeing.

2 Methodology

Data was captured in both an online questionnaire and online 1:1 interviews, supported by some examples from case studies collected by the GSP delivery partners. The questionnaire and interview schedule are attached in the appendix. The researchers were conscious of the research burden on participants and therefore provided flexibility depending on the respondent's preference and capacity.

Whilst the data captured in this round of final evaluations was from a select group of participants, it is important to note that the evaluation has been rooted in the researchers' knowledge and involvement with the project within the last three years and is also based on findings from previous developmental evaluation interviews (n=41) completed during that period. This report therefore reflects and summarises a broader, longitudinal piece of work.

Four participants responded to the online questionnaire and four online interviews were carried out over the data collection period between March-May 2024. Two participants completed the online questionnaire and the interview.

Respondents reflected commissioners (n=1), GSP activity providers (n=4) and a link worker (n=1).

They represented Barnsley (n=2), Doncaster (n=1) and Sheffield (n=3).

3 Findings

Overall, participants described their experience of the GSP project very positively using phrases such as ‘really exciting’, ‘interesting’, worthwhile’, ‘really good – outstanding success’. Others mentioned specifically that the connectivity and partnerships were of particular benefit, and some indicated that there were unexpected benefits from being involved in the Green Social Prescribing project.

The data extracted from the interviews and questionnaires has been mapped against the different population groups and levels of engagement and impact that participants described, which is aligned to a socioecological model of health (McLeroy et al., 1988[1]). These layers of engagement have been categorised into **individuals** (including service users and staff members), **organisations**, **communities** and **wider society/national level** impacts.

[1] McLeroy, K. R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health education quarterly, 15*(4), 351-377. https://doi.org/10.1177/109019818801500401

3.1. Qualitative Interviews and questionnaires

Table 01: Data presented from interviews and questionnaires to understand the benefits, challenges and learning from the GSP project within a socioecological context

	Benefits	Challenges	Learning
Individuals			
Targeted, tailored and specific provision	Provision of specific GSP activities which targeted young people with an additional focus on mental health needs.	Some young people thought that an offer of GSP was somehow undermining their health condition and the severity of their need due to a misconception/unawareness of what GSP is. Limited engagement with different communities e.g. South Asian communities with outdoor activities.	Communication and broader society messaging around GSP may help to break down these barriers. Working with VCSEs based in South Asian communities has enabled recruitment from a more diverse population.
Appropriateness of referrals	Appropriate screening processes prior to attendance at GSP activities enabled better outcomes for individuals.	Some people who are referred are unsuitable for GSP activities due to being in crisis, limiting health conditions etc… *'Social prescribing isn't always [the right thing], and it's just not a fit."* *'People have to be motivated to some extent, but often very low mood prevents this.'* *'The appropriateness of referrals…we sometimes get people who've got, you know, needs we can't meet really.'*	Screening processes from referrers could be tighter before referral. May also be an indication of the Mental Health crisis in the wider healthcare system and lack of appropriate referral pathways/opportunities for more complex patients. Training of referring agencies on appropriate referral pathways may be warranted
Accessibility	Accessibility was thought to have improved for some population groups and individuals who were traditionally excluded from previous interventions.	*'A lot of activities took place in areas of lower deprivation so may be less accessible to those most marginalised and opportunity to take part was inequitable.'*	Equality of referrals and recruitment to GSP projects could be improved by focussing on areas of deprivation, health, illiteracy etc… who have more to benefit from engagement.

	'There has been a range of people who have accessed interventions and gone through and had an experience that probably wouldn't have done without the projects.'	Sometimes the location was deemed to be inappropriate/inaccessible/unsafe by service users which prevented access to the groups. *'…they wanted us to maybe do something to look at their allotment as a space to use, because they don't feel that the woods [where the GSP activities are held] are safe.'* Sometimes, lack of facilities proved to be a barrier to access e.g., due to lack of toilet facilities, slopes/uneven or poor-quality paths for those with mobility, stability or wheelchair access needs. *'Although accessing green spaces would be beneficial to some, not everyone referred in had the confidence or mobility to access green spaces.'* *'Health and safety was also a factor as there was a higher risk of falls.'*	Mapping of services to geographical and deprivation settings to ensure equality of access/opportunity may be important. A challenge of how to overcome people's perceptions of safe/unsafe spaces. Lack of access to toilets is a barrier to attendance for many potential service users. Lack of council resource to develop the sites may need addressing in order to find suitable venues throughout the region.
Service user involvement	Service users were involved in grant allocation at one local authority	No service user involvement was described in other stages of the programme.	More service user involvement and coproduction at all stages of the process would have been useful. *'[Coproduction with service users] might have opened up possibilities for more people to come, or more people feel welcome.'* *'Time to do some more community engagement and find out what people really, you know, want. What do you want to do in this...What do you think needs to be improved or whatever? If we've done some of that, that would develop the project further, tightly. I think that's really key to if*

			we could have had some yes coproduction time and money to sort of do that.'
Equipment	Where equipment needs were recognised and provided, GSP activity was more accessible and inclusive.	Taking part in outdoor activities in all weather conditions requires appropriate resources of the participants e.g. waterproof clothing and footwear which may be unaffordable. *'But also, you know, getting people out the door in heavy rain, if you've not, if you've got a jacket that's not going to keep you walk through for, it's going to stop you from getting there.'*	For people to take part in outdoor activities confidently and in an enjoyable way, they need be provided with appropriate equipment and resources, but this will require additional funding and management. *'So, there's been talking about between the partners that have met on the green social prescribing projects, about even some kind of like clothing like share or having like a store that people can go to in like, you know, borrow a jacket for six weeks and stuff.'*
Diverse wellbeing outcomes and development of sustained friendships/peer support	The benefits to people who attended services were varied, from improving wellbeing to being able to be function in a 'normal life'. The diversity of activities helped with this. *'So they learnt about things like healthy eating, about arts and crafts, talk stuff home, like seedlings and arts across materials made friends.'* *'Opportunities for peer support were really good because the setting was so lovely. I think people felt very relaxed.'* *'The diversity and innovation of our programme that translated into large numbers of attendees and excellent health and wellbeing outcomes.'*		It was reported that many service users made friends and support networks within groups and then sustained these relationships and met up outside of the groups. *'Being outdoors is our natural state and when people feel at ease, social anxiety lessons. Social connect is easier outdoors.'* *'And then you know actually some of them are going to like I say, gone out foraging together or gone for a bird walk together.'* Reduction of social isolation, loneliness and social anxiety is an important outcome. This is perhaps a softer outcome which was hard to measure in the evaluation and was

	'People describing themselves that they've had terrible social anxiety, they've not left the house in over a year and then they come to this group every week and it's like a place that they belong and it's something they can do regularly and they don't feel as isolated.'		not captured as a sustained benefit of the funding.
	Benefits	**Challenges**	**Learning**
Organisations			
Recruitment and referrals	Some organisations felt that referrals for GSP activities came from GPs, social media etc…rather than from link workers as expected. Referral numbers were variable but developed once connections were made with social prescribers and multiple other referral pathways.	Link workers were not the key route for referrals for all organisations with some describing '*a lack of communication and referrals from link workers'.* There was a slow start to referrals.	Link workers appeared to be underutilised or less embedded in some local authorities. Multiple referral pathways and channels were required and relationship building with link workers.
Capacity-spaces, staffing and number of active service users	Some places were in high demand and had waiting lists for their services which was deemed to be a success of the work they were doing and a need for such services.	The high demand for services in some places put pressure on the staff, spaces and facilities. A lack of progression and attrition of current service users leaving groups meant that there were people waiting to join services who were unable to attend due to capacity issues. Some people when they start, don't want to leave which 'blocks' places for new referrals. *'Some people might need this this service forever... There's not much else out there, I don't think.'* *'Staff have been overstretched, we have supported more people with challenging*	Some organisations felt they were walking a tightrope of balancing demand with their capacity. *'It's the balance between not getting too many in and you know because we're so small that we can't accommodate people… there's also only so much garden we can use, you know, like, we, we can't provide gardening opportunities for.'* For other organisations where space is less of an issue, flexible funding which would have allowed the organisation to set up additional groups to meet demand may have been useful.

		needs, managing the demands on the service when there is a lot of need. Sometimes a lack of volunteers to support paid staff. Finding funding to keep the group and the organisation going despite our success in supporting people with mental health struggles at a time when this is much needed.'	
Money to network and develop	Having the money available enabled organisations to build better connections with other organisations. *'It's brought together a range of partners that don't necessarily connect together, so it has built new partnerships and new shared understanding of spaces that don't naturally always come together.'* Funding from this project demonstrated the VCSEs were "a good investment" and allowed them to attract other funding	Lack of time to embed good working relationships prior to project start up and a feeling of 'competition' between organisations. Networking opportunities and momentum is likely to 'dwindle' as charities are hand to mouth and have had to, '*prioritise their own needs and they don't necessarily have the funding time and capacity to be working with other organisations.'* *'I think people have lost the capacity to be able to just network because there's no financial incentive.'*	The network has been very useful and allowed work to happen outside of the GSP project. Organisations would have preferred time prior to applying for funding to make these connections so that organisations could work together collaboratively to deliver projects as consortia which would have made better use of resource and capacity. Sustained, longer-term funding which builds in time for networking is required. Organisations who had been able to network had seen the benefits of wider partnerships with other organisations, schools, local authorities etc… which had allowed a greater diversity of individuals to take part in their groups. *'And that's, that's the fantastic partnership that we're still sort of working on together and working up ways to sort of like do projects together. And the partnerships we've made with the Council, the parks team and the Rangers, they work with us,*

			and they come and do some woodland management sessions.' It would be useful if there was a universal allocation of funding put into every application for networking events or hosting an event and or site or their own place to share expertise and showcase their site/organisation.
Initiation of GSP activities	Some organisations provided GSP activities for the first time because of the funding which allowed organisations to branch out and try new things. Others had the opportunity to cement their experience and practice or build capacity.		Appropriate funding opportunities allows for the safe expansion of services into new fields. *'So, I mean for me, a massive legacy would be that staff within voluntary sector organisations consider nature connectedness to be part of their day-to-day provision.'* Flexibility to provide different types of GSP activity for different audiences is key.
Data capture	The case studies were a great way of showcasing the work done be VCSEs.	There was a feeling that the quantitative measures such as the tools used to measure mental health scores were unhelpful, made people feel worse and were difficult to complete.	Case studies and qualitative data was highly valued as inclusive and holistic ways of capturing data to evaluate the efficacy of services. However, the voice of service users in 'what matters to them' was missing, and could add further richness to the data set. *'If in some wonderful world there was a way to get people together to write their own questions that, you know, the participants that are going that are experiencing and going through these sessions to write their own questions in their own, you know, accessible language, I think that would*

			probably tease out a lot more information that might be useful.'
Volunteers and staff	Being able to offer opportunities to volunteers and see people develop.	Volunteers and staff were overstretched and often dealing with very complex service users in an under resourced way.	Some service users become volunteers or staff members and use the services as a way to rebuild their confidence and their lives. However, appropriate training is required to ensure this development is useful to the organisation, builds appropriate capacity and capability in the staff and ultimately benefits the service users.
Locality of GSP organisations			Working locally really works- just meeting people where they are at and not trying to get people to travel etc… *'Accessing nature, which is literally just outside your door is, is really important in terms of accessibility. And that's like a key learning.'*
	Benefits	**Challenges**	**Learning**
Communities			
Community engagement	Other members of the community got involved by seeing social media posts, observing GSP activities etc… who were otherwise unengaged.	Recruitment via social media may rely more on digital literacy of the community and may not be the most deprived who increase engagement.	Once people observed or were aware of GSP opportunities, uptake was improved- community events such as open days, to open up and promote GSP organisations may be useful for improving awareness and uptake of referrals.
Community assets	The organisations identified community assets which were being underutilised which developed into 'safe spaces' for members of the community to connect to nature outside of the GSP groups.		The improvement in people's QoL is much more than improved mental health outcomes – it has a ripple effect in to the community in which they live being recognised to be safer and a nicer place to be.

	'They're not only building relationships with people, they're building that with the environment around them. They're feeling differently about the woods and the space that they use. They're feeling differently about their community. You know, lots of people have fed back how connect, how more connected they feel to the area and that ownership.' *'They start to care more deeply and that ripples out, doesn't it?'*		
Tailoring services to the community	VCSE organisations had the opportunity to consider what might work for their community with a GSP lens. *'We're working with a myriad of VCSEs organisations, some of those will be more engaged in the outside and the outdoors in what they do for right through a spectrum. But hopefully it will have touched a broad range of organisations and workers and got them to consider what that might mean for their community.'*	Populations were not accessed equitably by all GSP organisations.	By working closely to tailor services to their community, there was an improved feeling that organisations were able to connect to the needs of the community. However, there was an understanding that the diversity of participants was largely due to the priorities, capacity and relationships built by GSP organisations. *'The diversity bit is really down to organisations and how we approach that. It's difficult to say whether the project would have helped or not in a way.'* An opportunity to capture and share good practice of those who have engaged a diverse population would be beneficial. More time could be built into programmes to develop stronger connections with underserved community groups.
Free and accessible opportunities	Outside of the group, relationships have been built, people are meeting up and using the strategies and the techniques and	There is more that can be done to improve accessibility to have greater benefit to	New strategies, activities and techniques learnt improve physical activity levels and confidence which benefit the wider

benefit communities	the activities that have been shown to them by GSP providers. *'Yeah. And, you know, people feeling confident as well in those spaces now. So, a lot of people, some people have come and not felt comfortable or safe in those spaces, but because they've been coming regularly, they go on their walks on their own. Now in that space and they keep them breathing activities. And, you know, that's been sort of fed back to us by directly from the participants.'* People continue engaging with VCSE activities outside of GSP roles and other organisations and green spaces e.g. litter picking, theatre events etc…	communities such as appropriate pathing and toilet facilities.	community through sharing of experiences and activities. When activities are free and available on the doorstep they can be replicated within the community. *'And I think it's just that simplicity, isn't it? It's like it doesn't have to cost a lot.'* *'It might take some confidence that it might take, you know, some time to sort of like develop. Yeah, that that routine or whatever. But, it's free and it's literally you walk out your door and you're there.'*
	Benefits	**Challenges**	**Learning**
Wider society/nationally			
Profile raising	The GSP programme and national evaluation raised the profile of social prescribing within wider society.	Still challenges remain around truly embedding GSP in healthcare and primary care/mental health networks and appropriately funding organisations to ensure it is sustainable and widespread.	The increased profile of GSP as part of the mental health pathway was well recognised as a strength of the programme but sustained long-term investment was vital for true benefit to be realised. *'I think what it does prove is that actually there needs to be investing in the workforce. I think it does prove that actually if we do want generic organisations to do this type of thing or specialist organisations to connect with the health system, there has to be investment to do that.'*

			'How can we invest in our infrastructure? To do it sustainably, small grants have to be long term and available.'
GSP has a role to play in mental health care pathways	GSP services can contribute to the mental health care pathway.	VCSE organisations do their best but aren't always properly equipped for the depth of the work that they are currently undertaking e.g. statutory mental health services are stretched, so poorly funded/resourced VCSE organisations are picking up the strain and sometimes working with people who aren't engaged with enhanced provision (perhaps these are people who have been discharged or are choosing not to engage with statutory provision). Charities are sometimes ill-equipped, and this leaves participants and staff 'at risk'.	Services need to have access to more flexible, responsive and accessible funding to be able to provide enough capacity. Waiting lists are no longer acceptable and having built the courage to reach out for support people feel rejected and as if they aren't important – having gone through hours of assessment to be told they aren't eligible or have to wait for over a year for any kind of support. If the voluntary sector is going to continue 'filling the gaps' then the sector should have more input and be better resourced.
GSP alone will not solve health inequalities	GSP is an important, but not the only part of the puzzle.	Poverty and inequality are a barrier to attendance for people who are unable to prioritise GSP. *'I mean, fundamentally for us to reduce health inequalities is to just put cash in, more cash in people's pockets is to reduce poverty. People don't exist in a in a bubble, people with very poor health outcomes don't have enough money in their pocket, live in poor housing etc...'*	GSP offerings are a useful addition to the mental health care provision but need to be part of a much bigger offer to address key public health challenges. *'My key learning is this is not the right sort of programme to talk about reducing, you know, improvements in clinical pathways or reducing health inequalities or something like that…for me it is learning or just reinforcing my sense of I think these programmes are really important, I think it's really helpful.'*
Specified outcome metrics for GSP programmes don't fully represent the	Individual and service level data is useful, but over simplifies the impact on the wider system.	Expectations of this funding being a "health intervention" was unrealistic. *'Data in this space is hard, full stop, and then actually insisting that data is collected to prove a clinical output is just to twoddle.'*	Having measurable impact on clinical outcomes is 'incredibly difficult' and further work is required to develop a dataset which represents and captures the complexity of the outcomes from this GSP work.

complexity of the work		There were recognised barriers to engagement with GSP and drivers of mental health which are much bigger than the programme. *'The national programme doesn't recognise local authorities' role as a big land manager, so actually the Council has a has a role and a duty in parks, countryside and Woodlands and actually is much more part of the green space. And this programme seems to completely ignore. There is that whole system and structure around this is almost like how does green come to health rather than how does health connect to nature?'*	
Large drivers of mental health are broad and deep rooted	Service provision is important, but the demand is high due to numerous external factors.	There are multiple wider determinants of mental health that are out of the control of the healthcare and GSP system which need to be recognised and addressed. *'There's a lack of continued progression to wellness, and because people have such other problems and also the things like the cost of living and the sort of difficulties going on in the world where people are already anxious, I think that anxiety is about the war in Gaza, Ukraine, global warming….we have no control over those things at all [it's] really impacting people's mental health.'*	A broader programme of mental health activity which addresses anxieties related to broad and deep-rooted causes of mental ill health is important. GSP can be part of this programme and helps people to take more control over other smaller aspects of their lives. These limitations need to be recognised and realistic expectations set.

3.2. Case Studies

The following case studies have been selected as they represent the wider benefit of GSP activities within the socioecological model of health.

Case Study 1

'Fred' had been brutally attacked some years ago, leaving him with permanent disabilities, weight gain, increased eating and social isolation. His confidence was rock bottom. He joined a walking group initially to reduce his social isolation, soon joining the photo editing sessions, learning new skills and getting out and about in blue and green areas.

The walking group helped with his poor mental health and wellbeing and physical health.

During the walks he quickly made new friends, joined in sensitive conversations about poor mental health and realised the benefits of getting 'out and about' so much that he trained to be a Walk Lead.

He is now a regular/paid walk lead and uses his experience to share tools and coping mechanisms with others attending the groups. He is very well liked, trusted and has shown himself to be an asset to our organisation and a 'listening ear' to those in need.

As a result of increased confidence, ability and social connections 'Fred' has developed VCSE contacts and supports a number of groups within the wider community.

Case Study 2

'Rabia' is a Turkish lady who has recently moved to the area with her son having left her husband and was very socially isolated. She regularly attends a GSP group activity which focusses on herbs which she really enjoys. At the group, Rabia feels relaxed and happy and reports that it is 'like a leisure centre' for her.

Prior to attending the group Rabia was not happy and was thinking about moving but now she feels really happy, enjoys being involved in activities such as gardening which she loves, and is enjoying learning and feeling part of a community.

She says she is now happy and wants to stay in Sheffield.

The case studies demonstrate the wider impact of GSP activities which has typically been more difficult to measure and advocates for the benefit of case studies to demonstrate some of the wider perceived benefits of GSP work.

4 Discussion

The national 'Preventing and Tackling Mental Ill Health through Green Social Prescribing' project has focussed on how systems can be developed to enable nature-based activities to promote wellbeing and mental health and has placed value on green social prescribing (GSP) organisations and activities. The additional funding and mobilisation of GSP activities at 'test and learn' sites have been pivotal in understanding what works and why in order to effectively embed GSP pathways and activities at place, and to consider scalability for future GSP work.

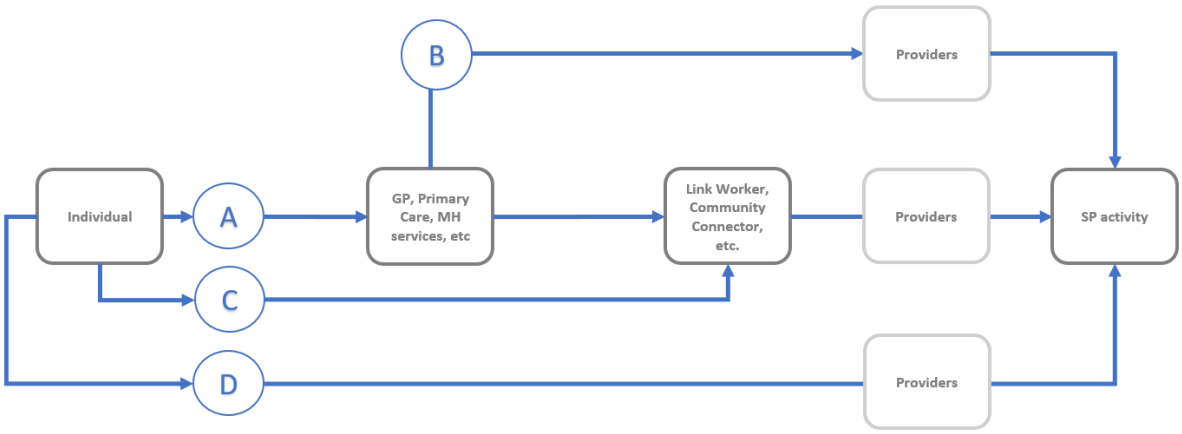
In line with the current vision for the South Yorkshire GSP test and learn site vision, progress to date will be considered under the four key principles.

4.1. System Change

GSP activities have begun to embed themselves within the health and care systems at place. Different Voluntary Community and Social Enterprise (VCSE) organisations have developed and nurtured networks to varying degrees. Those who have engaged with the established network have found it a valuable way to share expertise and problem solve. However, establishing and maintaining networks is time- and resource-consuming and some smaller VCSEs have been unable to engage due to lack of capacity and competing priorities.

Where good links have been established with local link workers, referral pathways have been well-embedded, and this has driven referrals to VCSEs. Where this hasn't been as successful, VCSEs are using resource and capacity to find alternative recruitment opportunities such as social media and use of word-of-mouth. The proposed pathways for GSP at the start of the project (see Figure 01) have largely been realised in practice. Some pathways have been predominant in different regions, but less successful in others. The reason why some pathways are more successfully embedded in one part of region than others is less well known and may require further evaluation.

Figure 01: Proposed referral pathways for GSP activity



Note: (**Pathway A**: Primary care or other health and social care professional refers an individual to a link worker, community connector or similar role. The link worker works with the individual to identify a suitable community-based resource. The individual receives a referral to the community resource. The relationship between the link worker and individual may be on-going in some models; **Pathway B:** Primary care or other referrer (not link worker or similar role) refers an individual to a suitable community-based resource; **Pathway C:** The individual accesses the social prescribing system through direct contact with a link worker, community connector or similar role, bypassing the health or other professional referral. The link worker works with the individual to identify a suitable community-based resource. The individual receives a referral to the community resource. The relationship between the link worker and individual may be on-going in some models; **Pathway D (no health system interaction):** The individual accesses the community-based resource directly with no direct referral through the health system or via a link worker community connector or similar role.)

Creative solutions to building networks and referral pathways, such as partnering with other VCSE organisations, social media campaigns and hosting community events have all been valuable and have worked for different organisations where referrals from link workers were less forthcoming. However, there are also concerns that the lack of capacity in NHS services has meant that the complexity of patients referred to GSP activities have been too complex and have been inappropriate for GSP organisations to manage safely. This indicates that further work is required to establish appropriate referral criteria for VCSE GSP organisations within a larger mental health referral pathway which accounts for individuals at all levels of severity and complexity.

There are also further evaluation opportunities to explore the role of local authorities in the GSP system as they are often responsible for the ownership and management of public green spaces, and an interviewee felt that this role was overlooked within the project. Local authorities can play a key role in developing stakeholder networks and providing oversight.

4.2. Addressing health inequalities

Individuals who took part in the interviews, and wider conversations, have acknowledged the role of GSP organisations in addressing health inequalities. However, there was also clear recognition that GSP opportunities are only a small part of the needs of underserved communities and that further systems changes are required to provide a fairer, more just system for those living with mental health issues.

The VCSE providers of GSP activities play a key role in engaging with underserved and marginalised communities and individuals and have a trusted relationship and role within communities which other health providers do not. However, it was also recognised by the interviewees that they were unlikely to be engaging with those who

are the most deprived and marginalised in the community and that more work is required to establish deeper roots into the communities they serve.

Whilst the majority of the GSP activities were free of charge, there were some basic equipment needs which were difficult to access for some participants and presented as a barrier to engagement and a potential driver of health inequality. These items included waterproof coats or suitable footwear and some organisations have explored 6-week loan systems as a way of overcoming these barriers. However, this also provides additional cost for the VCSE organisation which would need to be considered in future funding.

Measuring the impact of GSP on health inequality is challenging and there is no clear metric which can demonstrate this. However, organisations felt that the case studies collated throughout the three years of activity were the best examples of measuring 'success' that they could produce.

4.3. Evidence and understanding

GSP providers and the evaluation team have worked closely with the ICS and health and care system to build an awareness of the benefits and impact of GSP activities. In many cases, this has increased awareness at all levels of the system from GPs, other VCSE organisations and members of the public. However, this awareness and understanding remains inconsistent across the region and this could be improved.

The primary way to improve services and understanding within communities and individuals is through co-production activities with local groups. This was well-recognised in the interviews but lack of time to set up services, and lack of capacity often curtailed this best practice.

4.4. Capacity and resources

Green social prescribing activities are provided by VCSE organisations and delivered using a patchwork of short-term funding with many organisations describing difficulties with sustaining provision and staffing resource. Whilst the ad-hoc nature of GSP delivery is clearly detrimental to individuals who participate with the services, there was also a strong acknowledgement of the impact this has on staff and volunteer wellbeing, with some organisations unsure whether they would remain viable.

Some organisations who initially struggled to recruit enough suitable participants for their groups found that they have now reached capacity and require funding and staffing to be able to provide additional groups. Due to the nature of social prescribing, there is no 'end point' for participants and where there is a strong group of committed participants who are engaging regularly with, and benefitting from services, groups are well-established and fully booked, leaving little room to accept new referrals. In addition, those living with mental ill health may struggle to commit to regular attendance at groups. Consequently, the number of participants on any given day is unpredictable and therefore difficult to plan for.

Capacity and staffing could be improved should VCSE organisations have time to work together to build partnerships and collaboratives. For example, these collaborations would mean that only one person would be required to complete the monitoring and evaluation tasks, recruitment activities and triage and therefore prevent duplication of effort. This streamlining of effort would allow VCSEs to scale the provision of GSP activities more efficiently, however it is acknowledged that this could be a big ask for some organisations who feel that they are collaborating with their competitors.

4.5. Conclusion

Overall, the GSP activity in South Yorkshire has been thoroughly evaluated over the last three years and the impact of GSP activity is well-recognised and acknowledged by many stakeholders. There are still areas worthy of further exploration and measuring the impact of GSP activity on health equality is challenging. Case studies provided by organisations were deemed to be the best indicator of the value, breadth and depth of the activity that was delivered. There may be some large system changes that could improve the capacity of VCSEs to deliver and scale their GSP activities, however, time and resource would be required to build trusted partnerships with other organisations and communities. Until the system fully recognises and sustainably funds the vital work of GSP providers, challenges remain.

Appendix 1

A1

A1.1. Questionnaire and interview template

The overall goal to is capture reflections on key successes, which aims were met, how challenges were overcome and any that remain, learning and other reflections.

1. Reflecting on your experience of the GSP project over the last 3 years, can you summarise this in 3-5 words?
2. What were your aims/goals for taking part in the GSP project?
3. Based on your experiences, and those of your team, do you feel that you met those aims?
    a. If not, why not? If yes, why/how?
4. What were your key successes?
    a. Were any of these unexpected/unintended?
5. What were your key challenges?
    a. Were any of these challenges overcome?
        i. How were these challenges overcome? What support or resources facilitated this?
    b. Did any new challenges arise over the duration of the project?
    c. Do any challenges remain?
    d. What additional support or resource would be required to overcome these challenges?
6. Do you feel that the project has helped to promote GSP as an appropriate referral pathway for individuals?
    a. Do you think it has raised awareness of GSP in any of the following:
        i. Citizens?
        ii. Primary care e.g. GP/practice nurse
        iii. VCSE organisations (without prior GSP provision)?
7. How do you feel the role of GSP in perceived by individuals, organisations and healthcare professionals?
8. What do you think the key learnings were from this project?
9. If we were to run a similar project again, how would we do it differently?
10. Do you think that the data which we collected fully demonstrated the impact of the GSP project or is there additional information which could be added?

11. Do you think the project was inclusive and recruited in an equitable way to allow diverse populations to attend?
    b. What could be done better/differently to improve this?
12. Do you think the project had an impact on mental health in the communities who attended the GSP services?
    a. Could anything have been done better/differently to improve this or measure the impact in a better way?
13. Do you think this project helped to address health inequalities in any way?
    a. If so, how?
    b. If not, what could be done differently?
    c. Do you think this was measured effectively in the project? Would any additional metrics be helpful?
14. As a network of GSP organisations, do you feel that through the project:
    a. your voice has become stronger?
    b. Organisations are better co-ordinated?
    c. Any other benefits?
15. What do you think you have learnt more broadly, about the role of VCSE providers in working with communities?
16. If we could think boldly about our ambitions for improving mental health and reducing health inequalities, how do you think money could be best spent?
    a. Who would you give it to?
    b. Would you target specific population or community groups or provide a universal service?
    c. Would GSP feature? Alone, or in combination with other services?