



Green Social Prescribing Extension

Final Report: June 2025

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1. Executive Summary

- ‘Preventing and Tackling Mental Ill-health through Green Social Prescribing’ was a £5.77m cross-governmental project that was launched in October 2020 and completed delivery in March 2023. Green social prescribing (GSP) is the practice of supporting people to engage in nature-based interventions and activities to improve their mental health.
- Nottingham and Nottinghamshire Integrated Care System (ICS) was selected to be one of seven cross-government Green Social Prescribing Test and Learn sites to run a local two-year pilot programme from April 2021 to March 2023 led by Nottingham Community and Voluntary Service (NCVS).
- The cross-government programme was awarded £2.865m of continuation funding from HMT’s Shared Outcomes Fund to fund a one-year extension to the existing programme, focusing on addressing knowledge gaps and barriers to the potential ultimate national roll-out of GSP as a mainstreamed intervention for mental ill health within the health service.
- Nottingham and Nottinghamshire ICB were advised in April 2024 that they had secured investment of £300,179.00 from the GSP Extension programme to deliver against all three GSP Extension Elements. NCVS were contracted by the ICB to deliver this GSP Extension locally building on the experience, partnerships, resources and learning from the Test and Learn phase.

1.1 Timescales

- The GSP extension period was designed to run from April 2024 to 31 March 2025. Delays in national processes meant this funding was not received locally until mid-August 2025.
- This meant that the timescale for the national GSP Extension project was effectively reduced from 12 months (April 2024 to March 2025) to seven months (September 2024 to March 2025), resulting in the following impact:
 - delivery window during the autumn and winter months which is challenging due to adverse weather preventing delivery of activities and less appealing for potential participants,
 - delays in local VCSE providers receiving confirmation and actual funding resulting in a ‘funding gap’ for some providers, resulting in issues including the loss of experienced staff, closure of a service, lack of resources to maintain an allotment site and breaks in referral pathways,
 - external factors impacting clinical pathways connected to two cohorts, causing further delay and challenges.
- However, although the national GSP Extension project timescale was reduced to 7 months, work is continuing locally until September 2025, led by NCVS. The aim is to continue to realise opportunities arising from the work during the previous 7 months with the 8 cohorts and support the long-term integration of nature-based community prevention activities into local health pathways.

1.2 Extension Elements

- The GSP Extension focused delivery work against three Extension Elements as set by the national GSP partnership, namely:
 - Element 1: Value for Money – providing enhanced quantitative and qualitative data on the value for money and benefits GSP delivers.
 - Element 2: Data Flow – providing stronger evidence and models on tracking users and joining up data across the whole GSP pathway.
 - Element 3: Sustainability - providing stronger evidence and models on how to achieve a sustainable long-term investment model, allowing a move away from central government funding
- Sections 5, 6 and 7 of this report detail the key findings for each of the three GSP Extension Elements.

1.3 Selected Cohorts and Providers

- Our GSP Extension focused on eight specific cohorts, providing the opportunity to:
 - work across the continuum of mental health,
 - explore value-for-money and data tracking across the range of social prescribing referral pathways,
 - include both small and larger VCSE delivery organisations,
 - capture a snapshot of the diversity within the sector, from small start-up activities to larger and more established charities,
 - connect into and contribute to the Integrated Neighbourhood Working in the city and county.
 - align with the guiding principles and priorities of the Nottingham and Nottinghamshire Integrated Care Strategy 2023-27 and 2024-38 Joint Forward Plan,
 - identify unique challenges for each cohort as well as common themes and principles across all cohorts.
- The eight cohorts were:
 1. People with serious mental illness
 2. People with Treatment Resistant Depression
 3. Neurodiverse people
 4. People with Dementia (focusing on early diagnosis and young onset dementia)
 5. PCN Personalised Care teams operating in areas of high health inequality
 6. Young people aged 15 to 19 with mild common mental health problems
 7. People with low-level mental health challenges
 8. Water-based green and blue activities for people with low to medium mental health/social anxiety
- A range of VCSE providers were commissioned to deliver green and nature-based interventions for our cohorts, based on experience, location, expertise and specialism.

1.4 Key Insights and Learning

This is a summary of the key insights and learning from the GSP Extension collated under 5 themes.

1.4.1 Service Impact and Effectiveness

Challenges

- Providers not using full-cost recovery to fully assess costs of delivery limiting offer available especially for SMI.
- Short-term delivery timescales can negatively impact on participants who need consistency and longer-term delivery to manage conditions.
- Concerns over whether provider staff/volunteers have skills, confidence and necessary supervision to work with people with more complex level of need.
- Funding not enough to provide level of support participants need.

Opportunities

- Pre and post-support for patients provided by GSP activities – waiting well and leaving treatment to develop community embedment and interdependency.
- Creating a web of connected green/nature-based opportunities that provide exit routes and alternative provision to keep participants involved once primary activity (time-limited) finishes.
- Peer support workers supporting people with a more complex level of need to take part.
- Give providers details of urgent support options to help them in case of a crisis situation with a participant.
- Run a campaign/programme to attract volunteers who are ex-professionals from health and social care.

1.4.2 Data flow and feedback loops

Challenges

- One-size data capture design does not meet needs of different cohort participants.
- ONS4 tool not valued by SPLWs as often inappropriate to use with patients.
- Capacity of providers to capture meaningful and in-depth data.
- Data capture seen as a separate time consuming and bureaucratic task to 'tick a box' or meet a requirement of an investor/funder.

Opportunities

- Enhancing participant motivation and engagement by sharing progress data with them in accessible ways and supporting them to track their own outcomes.
- Embedding data collection into meaningful conversations, capturing qualitative and quantitative data simultaneously to provide both insight and evidence, while reducing survey fatigue and administrative burden.
- Using post-only feedback methods where appropriate — especially effective in community-based programmes where motivation to complete and reflect is greater after experiencing change. This also minimises barriers to participation and supports those with fluctuating needs or limited initial engagement capacity.
- Using a shared, accessible feedback tool in community delivery settings that works across a range of clients (e.g. those with disabilities, neurodiverse participants, or individuals with limited capacity for goal setting) and provides group-level progress measures for commissioning insights.
- Developing data standards co-produced with specific cohorts (e.g., same condition, pathway, or demographic) to ensure the data collection is meaningful and manageable for both participants and providers.

- Training front-line staff in data capture to ensure confidence in conducting 'what matters to me' conversations and using data tools that enhance rather than interrupt these interactions.
- Linking data to clinical systems (e.g., NHS number), where appropriate and with consent, to create a joined-up picture between community delivery and statutory services.
- Ensuring data capture resources are costed into commissioning, allowing for sustainability and consistency in evidence gathering.

1.4.3 Equity and accessibility

Challenges

- Impact of locations of activity – access may be limited due to lack of public transport
- Low literacy and numeracy levels and language differences can be barriers to completing surveys and collecting data

Opportunities

- Understanding of different demographic groups attracted to certain activities – help with communications to foster a sense of going to an activity 'with people like me' reducing anxiety and building confidence to attend.
- Building skill set and confidence of volunteers to eventually become peer mentors/buddies to support new volunteers/participants.

1.4.4 Engagement and participant experience

Challenges

Recognising the critical factors that influence an individual's capability, opportunity, and motivation (COM-B) to engage with and experience the benefits of green and nature-based activities.

- **Capability:** level of fitness, mobility, long-term health conditions, cognitive functioning, physical and mental conditions, both acute and chronic, lack of knowledge about the benefits of GSP or lack of understanding and or confidence to engage in activities
- **Opportunity:** accessibility and availability of green spaces and activities, lack of support network, lack of finances, inadequate or no access to transport, logistics of how people get to the activity, time constraints.
- **Motivation:** lack of knowledge about the benefits of GSP in both participants and referrers, lack of peer influence, and community norms not encouraging or valuing connectedness to the natural world.
- **Variability in quality of referrals,** participants 'dumped' on provider: poor referral often means poor participant experience.

Opportunities

- **Using outreach work, taster sessions and GSP champions** in health and social care settings to encourage and share information about GSP opportunities and benefits.
- **Build social opportunities into activity** – such as tea breaks, cooking and serving food, fundraising with plant sales.
- **Providers have strong local networks and are skilled at engaging their target groups,** giving them the advantage of community trust and accessibility, which helps ensure participation and engagement.
- **Explore the role of a Green Social Prescribing Link Worker (Green SPLW)** as a sustainable, embedded model for improving referral quality, communication, and

cross-sector collaboration. This pilot found that subject-specific SPLWs, with the remit and capacity to build relationships with providers, attend relevant meetings, and report case examples into the system, offered more effective support than static referral guides. Informed by this model, future efforts should include the development of resources that support appropriate referrals and highlight the value of community-based interventions — building on existing materials where possible, and identifying and addressing gaps in understanding, especially where services are new, evolving, or working with specific cohorts

1.4.5 Sustainable funding and commissioning

Challenges

- Transactional approach to commissioning, limiting scope, timescales and responsiveness of delivery
- No shared understanding across providers and funders/commissioners of what sustainability is and how it impacts on delivery
- Short-term pots of funding from different funders – providers often juggling different demands, timescales, evaluation and deliverables
- Short-term funding/lack of continuity in delivery mitigates against building relationships and reputation and can result in loss of experienced and trusted staff, unstable experience for participants and loss of visibility of the provider with referrers
- Funding timescale doesn't always align with optimal delivery timescales (seasonality, weather, etc)
- Managing finance and HR for small, volunteer-led organisations requires multi-tasking for the leader of the organisation and can be overwhelming
- Activity providers are forced to offer freelance or temp contracts/short-term contracts that reflect the length of funding rather than being able to employ and sustain those staff within an activity provision.
- Being perceived as a cheap or free way to provide social care is potentially dangerous.
- Efforts to make provisions safe and effective are not recognised by the system.

Opportunities

- Role of infrastructure organisations (i.e. CVS) to act as negotiator/intermediary between providers and commissioners to build relationships
- Embedding/collectives/incubation of small organisations within larger organisations that can provide HR, finance and funding for small organisations to deliver
- Demonstrating the therapeutic impact of GSP delivery and how it provides cost savings for individuals' reduction in health utilisation
- Exploration of affordability-based payments by participants
- Providers to use full cost recovery models to ensure all costs associated with delivery are considered and covered
- Focus on relationships between participants, referrers, communities and providers, moving away from transactional processes
- Developing provider collaborative models that can work together. Embedding descriptor levels that articulate the level of support each provider can offer
- Collaborative efforts among providers, leveraging shared resources, and more strategic funding applications could create a more sustainable future. Partnering with other organisations could help expand the reach of services and mitigate funding challenges.

1.5 Next Steps

Following the completion of the national Green Social Prescribing Extension programme at the end of March 2025 work is continuing locally until September 2025, led by NCVS. This work aims to explore emerging opportunities across all Extension cohorts, and support and facilitate the long-term integration of nature-based community prevention activities into local health and social care pathways.

1.5.1 Cohort 1: People with Serious Mental Illness

- Feel Good Gardens developed a structured 6–8 week model blending personal support and group progression for people with serious mental illness and plan to offer continued places. As a result of the funding from the Extension programme, Feel Good Gardens were awarded two grants from the Coalfield Regeneration Trusts to continue their garden sessions. The Extension funding also supported a successful Lottery bid for three years of tapered funding.
- Framework's Wellness in Mind service delivered their set programme and once completed, referred people into ongoing opportunities by other providers. They are now setting up delivery for the Mental Health Social Prescribing service for both city and county people aged 17 plus and will explore how nature-based activities can be offered.
- This provides the opportunity by working with these experienced providers to scale and formalise a community intervention and prevention model, both as early intervention to prevent escalation into NHS mental health pathways and as an aligned step-down from services within NHS mental health pathways.

1.5.2 Cohort 2: People with Treatment Resistant Depression

- Trialling with Framework's Wellness in Mind whether their structured model can demonstrate measurable outcomes for this cohort
- Exploring how such cohort-specific interventions can unlock funding or commissioning routes within an NHS pathway offering a step-down model from treatment.

1.5.3 Cohort 4: People with Dementia

- The Dementia Hubs demonstrated very high impact and value for money for transition support that delayed further dementia symptoms and reduced the need and reliance on formal services.
- Awaiting confirmation on new funding to sustain and expand this model within an NHS pathway.

1.5.4 Cohort 5: PCN Personalised Care Teams

- Primary Integrated Community Services (PICs) successfully embedded a nature Social Prescribing Link Worker Champion into referral practice with excellent results. The Bassetlaw CVS Social Prescribing Link Worker team trialled a conversation-based tool as an alternative to ONS4, generating improved insights.
- Further development of the nature Social Prescribing Link Worker Champion role to support training, workforce expertise and a better understanding of nature-based offers and benefits.

- Funding provided for Bassetlaw CVS team to transition using the Outcome Star, a validated visual tool with training and system integration.

1.5.5 Cohort 6: Young people aged 15 to 19 with mild common mental health problems

- Evidence from the provider RunSpire pilot has informed a shift towards delivery by youth-trusted providers
- Trial of a partnership agreement that fosters transparency and accountability between Positively Empowered Kids and the wider Improving Access to Services for Children and Young People group in South Notts, including joint responsibility for funding and sustaining ongoing offers for children and young people.

1.5.6 Cohort 7: People with low-level mental health challenges

- Climbing Matters demonstrated the strongest evaluation outcomes with a simple and sustainable model involving coaching, peer support, and social prescribing partnerships.
- Opportunity to use this model as a template for scalable community intervention, with potential for replication across the VCSE sector that uses a minimum dataset accessible to all clients, and a model that fosters independence and long-term sustainability.

1.5.7 Cohort 8: Water-based green and blue activities for people with low to medium mental health/social anxiety

- The Canal & River Trust are currently pursuing funding and planning permission for a wellbeing hub – a building to host referrals, green activities, and joint delivery with partners, offering a place-based anchor for nature-based community health.

1.5.8 Next Steps Across All Cohorts

- Encourage commissioning models that support partnership approaches and link community-based interventions with NHS pathways and wider community prevention activities.
- Shifting the focus to impact-oriented funding by promoting open dialogue about appropriate service costs, focusing on outcomes and impact over attendance figures to drive sustainable and meaningful delivery.
- VCSE organisations are showing strong interest in developing the Nature Buddy scheme that provides volunteer opportunities. Work is underway to refine and disseminate training, making it accessible and responsive.
- Integrating the features and content of The Big Green Book, along with the mental health level descriptors, into the new system-wide community directory currently being developed. This will enhance the appropriateness of referrals, increase the visibility of community-based offers, and support sector-wide integration.
- Addressing the gaps in inclusive access and connector roles. An emerging case study with Heya (supporting Arabic women in Nottingham), illustrates the ongoing instability in service provision where community organisations are expected to connect underrepresented groups from the global majority to appropriate offers without recognition or reimbursement. We will aim to raise the profile of these vital connector roles, advocating for fair payment and structural support to sustain their contribution. These roles are currently undervalued despite being critical to equitable access and inclusive delivery.

- Sowing the seeds with future health professionals through active collaboration with universities, enabling the integration of students into third sector and community provision and offering future health professionals' direct exposure to the impact of nature-based interventions, embedding understanding and advocacy early in their careers.

2. Background and Context

'Preventing and Tackling Mental Ill-health through Green Social Prescribing' was a £5.77m cross-governmental project that was launched in October 2020 and completed delivery in March 2023. Green social prescribing (GSP) is the practice of supporting people to engage in nature-based interventions and activities to improve their mental health.

Nottingham and Nottinghamshire Integrated Care System (ICS) was selected to be one of seven cross-government Green Social Prescribing Test and Learn sites to run a local two-year pilot programme from April 2021 to March 2023.

Nottingham Community and Voluntary Service (NCVS) led the Test and Learn pilot locally, working with system partners across the city and county to connect people, places and projects into a green network offering something for everyone, no matter their ability or where they live.

The cross-government programme was awarded £2.865m of continuation funding from HMT's Shared Outcomes Fund to fund a one-year extension to the existing programme, focusing on addressing gaps and barriers to the ultimate national roll-out of GSP as a mainstreamed intervention for mental ill health within the health service. The GSP extension period was designed to run from April 2024 to 31 March 2025.

All seven original NHS England (NHSE) Test and Learn sites were invited to develop proposals to deliver a range of activities in support of the extension aims. Nottingham and Nottinghamshire ICB were advised in April 2024 that they had secured investment of £300,179.00 from the GSP Extension programme to deliver against all three GSP Extension Elements. Delays in national processes meant this funding was not received by the Nottingham and Nottinghamshire ICB until mid-August 2024.

Nottingham Community and Voluntary Service, (NCVS) were contracted by the ICB to deliver the GSP Extension programme locally. This meant that NCVS could build on what worked well in the Test and Learn pilot, including relationships built across the sector, learning, traction achieved within the system and the models and resources developed. The Extension funding was received by NCVS on 2 September 2024, effectively reducing a 12-month programme to a 7-month programme with activity delivery now required to take place during autumn and winter months. This has had a significant impact on the delivery of the Extension programme as referenced through this report.

3. Elements and Outputs

The GSP Extension focused delivery work against three Extension Elements as set by the national GSP partnership.

3.1 Element 1: Value for Money

Spotlight on aspects of the GSP pathway that support a cost-benefit analysis of value for money, including exploring health service demand, costs and benefits of the interventions and ability to address health inequalities.

Delivery outputs: Enhanced quantitative and qualitative data on the value for money and benefits GSP delivers.

3.2 Element 2: Data flow

Data tracking through the full GSP pathway, to understand end-to-end experience, and develop models for how to link data up across the whole GSP system and demonstrate sustained outcomes

Delivery outputs: Stronger evidence and models on tracking users and joining up data across the whole GSP pathway.

3.3 Element 3: Sustainability

Building models for sustainable funding, including through activity provider collaboratives, shared investment models and procurement models that work for GSP.

Delivery outputs: Stronger evidence and models on how to achieve a sustainable long-term investment model, allowing a move away from central government funding.

4. Overview of Cohorts and Provider Activity

Our GSP Extension focused on eight specific cohorts. This provided the opportunity to work across the continuum of mental health, taking a deep dive into each cohort to explore value-for-money and data tracking across the range of social prescribing referral pathways and to include both small and larger VCSE delivery organisations. The selection was driven by the desire to capture a snapshot of the diversity within the sector, from small start-up activities to larger and more established charities. Working with a range of organisations has provided valuable insights into the unique challenges they face, as well as common themes and principles that emerged across the board.

4.1 Cohort 1: People with Serious Mental Illness

Justification:

This aligns with the Nottingham and Nottinghamshire NHS Joint Forward Plan (2023-2027), which aims to establish a sustainable local community care model that holistically addresses physical, mental, and social needs. Green Social Prescribing (GSP) supports this ambition by sustaining improvements gained through clinical interventions and preventing individuals from cycling back into costly treatment services.





Activity Providers:

- Feel Good Gardens
- Wellness in Mind (Framework)

Feel Good Garden (FGG) Overview

FGG is a well-established social enterprise maintaining a large green space with indoor facilities, supporting both keen gardeners and therapeutic horticultural groups. They previously ran a GSP group as part of the group offer but faced slow uptake when setting up specific GSP for SMI due to funding gaps and referral challenges. A secured lottery grant will sustain them until 2027, but funding decreases over time, requiring diversification. Participants benefit from social connection, mental health improvements, and skill-building, with data collection via case studies, logs, and funder-driven evaluations. They expanded to include SMI referrals and built health system links with the support of NCVS to grow these connections. Sustainability remains a challenge due to low wages and high operational costs, though they are exploring affordability models. Their impact is strong, but staff expertise in managing complex needs is an area for growth. They have developed a 6 to 8-week structured community intervention programme to bridge participants into long-term community prevention groups.

Evaluation Ratings





Category	Rating	Key Points
Collaboration & Partnership		Flagged risks early, adapted referral pathways, but relied on external referral support.
Funding Stability		Secured funding for 3 years but requires diversification; high operational costs.
Impact on Participants		Highly valued by participants, but staff expertise in mental health could be strengthened.
Sustainability Potential		Funding drops sharply after Year 1; working on affordability and partnerships.

Wellness in Mind (Framework) Summary

A large charity primarily focused on homelessness and housing, Framework previously ran nature-based interventions under "Nature in Mind" for three years before GSP, but a funding gap led to its closure. They restarted as "Wellness in Mind" for the GSP Extension programme to align with commissioned mental health services. While they have a strong reputation and participant reach, funding constraints hindered their ability to sustain green activity delivery, particularly maintaining an allotment site. They have access to SystmOne for direct data integration, which could enhance their role in NHS pathways. Future sustainability depends on formalising partnerships and embedding nature into core services rather than scaling independently. They offer structured 8-week programmes that take place in the community and

are progressing toward integration into clinical pathways, providing a route into community prevention activities.

Evaluation Ratings

Category	Rating	Key Points
Collaboration & Partnership		Engaged when possible and had expertise, but other priorities, delay in funding and other pressures impacted.
Funding Stability		Commissioned contracts provide sustainability, but ambitions may exceed funding.
Impact on Participants		Strong staff training and expertise, but lost a highly experienced and effective nature facilitator due to a delay in funding.
Sustainability Potential		Secured contract to provide a Mental Health Wellbeing Service across the city and county, with potential to include green/nature-based activities through a partnership model.

4.2 Cohort 2: People with Treatment-Resistant Depression

Justification:

This cohort aims to integrate GSP into secondary care pathways, supporting the Nottinghamshire Healthcare Trust's transformation programme. It provides a structured transition from clinical therapy to community-based activities, helping maintain and improve participants' conditions while reducing service dependence. The initiative is fully backed by the Clinical Lead and Principal Psychotherapist for the Mood Disorders Clinical Pathway.

Activity Provider:

- Wellness in Mind (Framework)

This cohort was affected by factors within Nottinghamshire Healthcare NHS Foundation Trust and outside the control of GreenSpace. This meant that delivery of activities to this group did not take place within the reduced timescale of the GSP Extension programme. However, work was undertaken to build a relationship between Framework and the Treatment-Resistant team, and a follow-on service continues to be explored.

4.3 Cohort 3: Neurodiverse People

Justification:

This initiative embeds GSP into a newly developed neurodiversity pathway within the health system. It provides additional support to help neurodivergent individuals better access care services and achieve improved outcomes as part of a wraparound support model. Demand for this type of intervention is high across various clinical pathways.

Activity Provider:

- Wellness in Mind (Framework)

Key referral partners for this cohort are the Neurodevelopmental Specialist Service (Ness), Nottinghamshire Healthcare NHS Foundation Trust, and Autistic Nottingham. Referrals into activities were delayed due to funding issues within Autistic Nottingham, which reduced their administrative capacity.

Potential barriers to engaging in nature-based activities for this group had initially included concerns about hay fever and allergies (including food sensitivities and ear infections), raised early on by Autistic Nottingham. However, these concerns were not significantly observed during the pilot, likely due to the timing of delivery being in winter rather than peak allergy season. A more prominent and consistent barrier identified was the lack of accessible transport, which continues to limit opportunities for participation in outdoor activities.

4.4 Cohort 4: People with Dementia

(Focusing on early diagnosis and young-onset dementia)

Justification:

This builds on the success of an existing dementia peer hub in Nottingham and supports the development of a new hub in Mid Notts (Ashfield)—both located in areas of high health inequality. Senior management has approved an expansion of the Therapeutic Gardener role to enhance these hubs. Additionally, this cohort presents an opportunity for a longitudinal study with participants from the original GSP test-and-learn phase.





Activity Provider:

- Nottinghamshire Healthcare NHS Foundation Trust

Dementia Facilitator Summary

An NHS-employed Dementia Hub Involvement Worker runs early-onset dementia gardening groups outside core NHS funding. The programme is highly people-focused, using community gardens for therapeutic support. It has been running successfully since 2022 (Highbury) and 2024 (Ashfield) with strong engagement and peer support. The facilitator is highly collaborative and proactive in securing NHS recognition within the Dementia Care Pathway. While not currently NHS-funded, they are utilising GSP Extension data to build a business case for integration. The initiative supports lived-experience volunteering and student placements, strengthening its sustainability model. However, long-term viability depends on NHS investment.

Evaluation Ratings

Category	Rating	Key Points
Collaboration & Partnership		Highly communicative, responsive, and actively seeking NHS integration.
Funding Stability		Proactively using GSPE data to secure NHS funding, but currently reliant on one facilitator.
Impact on Participants		Strong peer and intergenerational support, though space is limited, and demand is high.
Sustainability Potential		Well-attended with strong benefits but needs easier data tracking for NHS recognition.

4.5 Cohort 5: PCN Personalised Care Teams

Justification:

This cohort partners with PCN Personalised Care teams operating in areas of high health inequality and Integrated Neighbourhood Working priority areas. The programme gathers key system learnings on impact, cost savings, and sustainable models, supporting the long-term integration of GSP into personalised care roles. Additionally, it helps develop data collection methodologies to support the wider social prescribing network.



Providers:

- PICS Sherwood PCN
- Bassetlaw CVS Social Prescribing Service

PICS Sherwood PCN Summary

PICS Sherwood PCN is an NHS social prescribing service funded through the Additional Roles Reimbursement Scheme (ARRS). They use EQ5D as a goal-based measure and are phasing out ONS4. Initially, the project aimed to employ a Green Social Prescribing Link Worker (SPLW) champion, but delays and staff turnover hindered progress. Instead, they opted to wait for the return of the original Green SPLW champion in January 2025. Despite early setbacks, the support of Sherwood PCN resulted in an insightful case study using GSP and GSPE data to build insight into the value of this role.

Evaluation Ratings

Category	Rating	Key Points
Collaboration & Partnership		Staff turnover delayed progress, but they are now actively working to embed learning from Green SPLW interviews.
Funding Stability		The funding was in place, but capacity was a limiting factor — the individual assigned to the Green Champion role wasn't given

Category	Rating	Key Points
		the time needed to fully deliver it as intended. This may continue to present a challenge if the model is to be scaled within the wider SPLW workforce.
Impact on Participants	●	The role has clear value for both service users and referral providers, improving the appropriateness of referrals.
Sustainability Potential	●	Focused on embedding a Green SPLW champion specifically and broadly an approach that maximises SPLW skills and expertise.

Bassetlaw CVS Summary

Bassetlaw CVS is a long-established infrastructure charity that has supported community groups for over 50 years. They secure funding through contracts with health and other agencies, including contributions to their social prescribing service via the Additional Roles Reimbursement Scheme (ARRS). Although their involvement wasn't part of the original project proposal, a partnership opportunity emerged to trial evaluation tools for Social Prescribing Link Workers (SPLWs). They have implemented the conversation-based evaluation tool and are now exploring embedding the Outcome Star. Their work is focused on improving data collection methods and evidencing the role of SPLWs in the wider system. A case study was also completed to provide insight into the impact of the Social Prescribing service.

Evaluation Ratings

Category	Rating	Key Points
Collaboration & Partnership	●	Acted quickly to trial the conversation tool within a short timeframe.
Funding Stability	●	The ARRS fund is reviewed annually, and allocations are at the discretion of each PCN. We are already seeing the decommissioning of SPLW roles in Nottingham, raising concerns for long-term workforce planning. Additionally, the ARRS does not cover evaluation within its funding remit, despite a growing emphasis on data collection. This lack of dedicated resources for evaluation tools or training creates a systemic barrier to effective impact measurement.
Impact on Participants	●	Potential to improve SPLW data collection, but the case studies collected are a testament to the high impact made through SP service.
Sustainability Potential	●	While Bassetlaw CVS is actively exploring new evaluation methods, long-term integration and sustainability depend on continued investment, both within the team and from the wider system. For a lasting legacy, BCSV would need to absorb or attract further funding, and the system as a whole must commit to embedding robust evaluation practices that improve data flow and support evidence-informed commissioning.

4.6 Cohort 6: Young People (Aged 15-19) with Mild Common Mental Health Problems

Justification:

Youth social prescribing serves as a safety net for young people who fall between gaps in targeted services. Their needs may not be severe or complex enough for specialist intervention, or existing services may lack capacity to provide timely support. Research (e.g., StreetGames' Youth Social Prescribing in Practice) highlights the importance of early intervention through accessible, engaging community-based programmes.

Activity Provider:

- Runspire

Runspire Summary

Runspire, operated by Bulwell Runners, is a small, community-focused fitness charity offering running, walking, and Nordic walking sessions. While primarily catering to adults through a low-cost membership model (£2 per session or £15 per month), they have extended their work to young people, recognising the need for consultation to shape their youth offer. The initiative is led by a small team, with one main leader supported by a volunteer who initially joined as a participant. The youth sessions were initially planned for specific locations but were instead shaped by engagement at the youth club sessions. Moving forward, the approach will continue to adapt in order to better meet the diverse needs and demographics of young people in each community. Despite ambitions to scale up, they face challenges in capacity, transport, and seasonal barriers to youth engagement.

Evaluation Ratings

Category	Rating	Key Points
Collaboration & Partnership	●	Enthusiastic and committed leadership, with ongoing development and strategic planning and operational delivery.
Funding Stability	●	Established adult membership model supports sustainability; further exploration needed to reduce access barriers for young people.
Impact on Participants	●	Clear benefits for those who participate, though practical challenges (e.g., transport and seasonality) may limit wider reach.
Sustainability Potential	●	Strong adult provision; adaptations under consideration to expand engagement and relevance for young people.

4.7 Cohort 7: People with Low-Level Mental Health Challenges

Justification:

Climbing Matters ran a highly successful five-week structured programme in 2023 in partnership with Turning Point, combining climbing and lived-experience coaching to help participants with severe mental challenges build emotional resilience and improve their mental health. Further Sport England funding supported additional cohorts in 2024, including outdoor climbing experiences in the Peak District.

Following the success of the programme, the GSP Extension is funding the expansion to those with a lower level of mental health challenge, referred from the community via social prescribing link workers, or directly via self-referral, together with the characterisation and assessment of cost-benefit outcomes, contributing to the evidence base for future investment.

Activity Providers:

- Climbing Matters and Nottingham Climbing Centre

Climbing Matters Summary

Climbing Matters is an initiative that combines climbing with coaching for mental health. The programme has demonstrated strong impact, with simple but effective data collection tools showing participant progress. While marketing to the general public was initially a challenge, forming relationships with link workers has significantly boosted referrals and uptake.

Evaluation Ratings

Category	Rating	Key Points
Collaboration & Partnership	●	Highly relational, responsive, and easy to work with. The challenge will be maintaining quality as the programme scales.
Funding Stability	●	Has trialled participant contributions and corporate sponsorship models to sustain the programme without relying solely on funding. Looking to offer corporate team days and facilitator training opportunities to other services to sustain the offer.
Impact on Participants	●	Structured five-week programme with a balance of challenge, coaching, and social opportunities.
Sustainability Potential	●	Strong demand and a scalable structure are key considerations, but ensuring consistency in facilitation beyond the founder is crucial.

4.8 Cohort 8: Water-based green and blue activities for People with Low to Medium Mental Health/Social Anxiety

Justification:

This cohort builds on the successful delivery of water-based activities during the GSP test-and-learn phase. It aims to increase accessibility and engagement from more diverse audiences, further integrating Canal & River Trust's wellbeing initiatives into community mental health support. The Trust's Impact Team will use captured data to strengthen the case for sustained delivery of water-based GSP interventions.

Activity Provider:

- Waterway Wellbeing (Canal & River Trust)

Waterway Wellbeing (Canal and River Trust) Summary

Waterway Wellbeing is a programme delivered by the Canal & River Trust, a large national charity that manages the UK's waterways. The programme encourages people to connect with green and blue spaces to improve their wellbeing and mental health.

Waterway Wellbeing was significantly impacted by national funding delays, which compressed the delivery timeline and forced near-immediate implementation—just as water-based activities were becoming less feasible due to colder weather. This created exceptional pressure on the team and limited capacity for collaborative planning and partnership work at the outset. As a result, early interactions were more transactional, focused on delivering the intended programme.





Despite their efforts, initial uptake was lower than expected due to the seasonal challenges. However, they adapted by offering an additional activity suitable for colder months, enabling them to still reach the intended number of participants.

A missed opportunity, again influenced by the national delays, was the ability to work more closely on improving the referral pathways from social prescribing. Waterway Wellbeing flagged issues with inappropriate referrals, which impacted delivery. Through this experience, they found that reaching seldom heard and underserved communities required building relationships with trusted community leaders, rather than relying solely on formal referral routes.

The red rating for partnership and collaboration in this evaluation phase is due to emphasise the impact of funding delays in delivery. The upcoming Embedding Report reflects a positive trajectory with the organisation. Waterway Wellbeing staff have shown themselves to be highly dedicated, experienced, and committed to the preventative agenda. They've also acknowledged that while their wellbeing offer is valued, it must be balanced within their wider programme to remain viable and sustainable.

This ongoing evolution demonstrates strong potential for long-term impact and deeper relational partnerships.

Evaluation Ratings

Category	Rating	Key Points
Collaboration & Partnership	 → strengthening	Early engagement was shaped by extreme delivery pressures caused by funding delays and season-dependent programming. Despite these challenges, the provider showed strong commitment to learning and relationship-building over time.
Funding Stability		As part of a well-funded national charity, financial stability is strong. However, their free offer presents challenges for smaller providers in creating complementary services.
Impact on Participants		Meaningful outcomes were observed for engaged participants. The shift to more relational referrals is improving impact and attendance.
Sustainability Potential		High potential due to long-term funding and increased focus on refining referral processes, strengthening relational connections, and embedding their preventative role.

5 Value for Money and Sustainability

This section of the report summarises key findings on the value for money and sustainability of the GSP Extension initiatives.

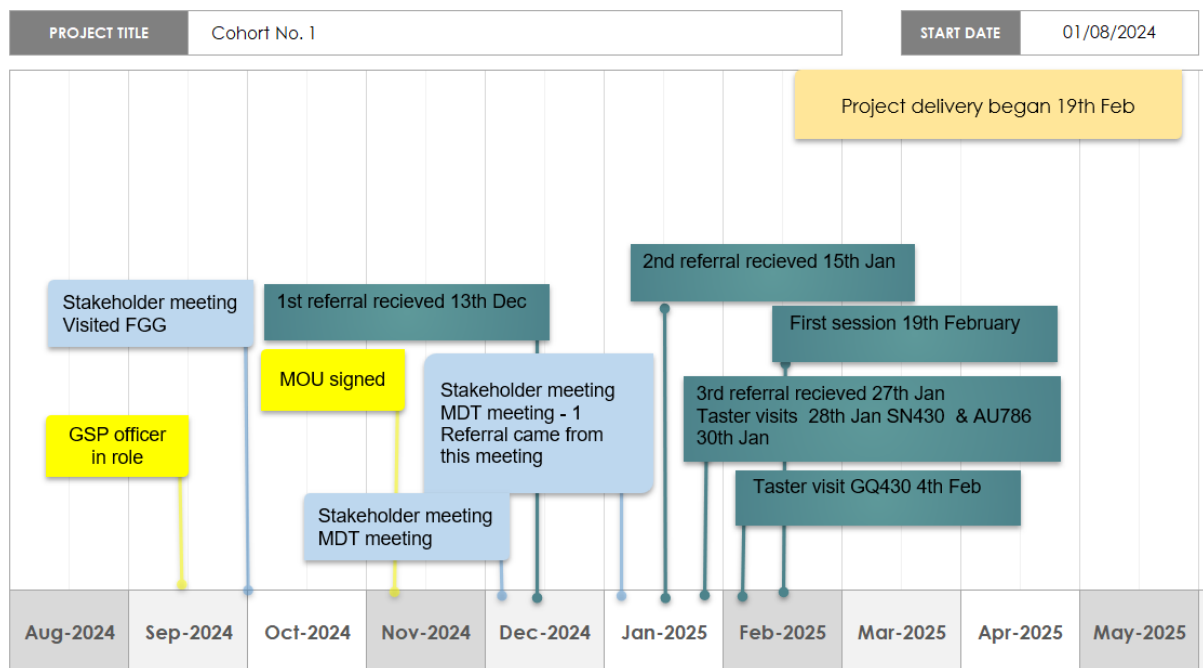
5.1 Cohort and Activity Provider Value for Money and Sustainability

All cohorts were affected by short-term contracts and financial instability, with full cost recovery rarely implemented, impacting long-term sustainability.

Stop-start funding cycles disrupted continuity, except in cases where delivery was pre-funded (Dementia Hub) or strong local connections enabled rapid uptake (Climbing Matters).

5.1.1 Feel Good Gardens: activity delivery for Cohort 1: Serious Mental Illness (county)

Timeline of delivery and activity:



Feel Good Gardens: Delivery Summary and Strategic Learning

Delivery ran across 8 months, with seasonal and referral-flow patterns affecting attendance. From February to May 2025, sessions averaged 3 participants, increasing to 6 between June and September. Across 32 sessions, this resulted in 144 total attendances from 9 individuals.

Early low numbers reflected both winter barriers and the complexity of need. This cohort was not made up of existing service users; instead, it marked a deliberate expansion of the Feel Good Gardens (FGG) model to support people with more significant mental health challenges. Previously, FGG had only worked with such individuals as part of a wider mixed group.

This shift required additional investment in planning, including closer facilitator-to-participant ratios and more detailed risk assessments. Whereas earlier groups ran with a single facilitator, some participants in this cohort needed 1-to-1 support, which led to a reassessment of delivery structure and staffing. Referral delays, partly due to weather, feedback from the NHS LMHT's

who were contacted early October 2024 and only able to refer in January 2025, alongside a reduced local SPLW staff team who were the main referrers in the GSP T&L phase. This required building new connections and rebuilding trust.

In response, FGG redesigned its offer into a structured closed-group programme. This allowed individuals to complete an initial period in a small, safe group before choosing whether to move into more open activity spaces. While only one group was able to run before the close of the national evaluation window in March 2025, delivery has continued without interruption since then, using other funding sources.

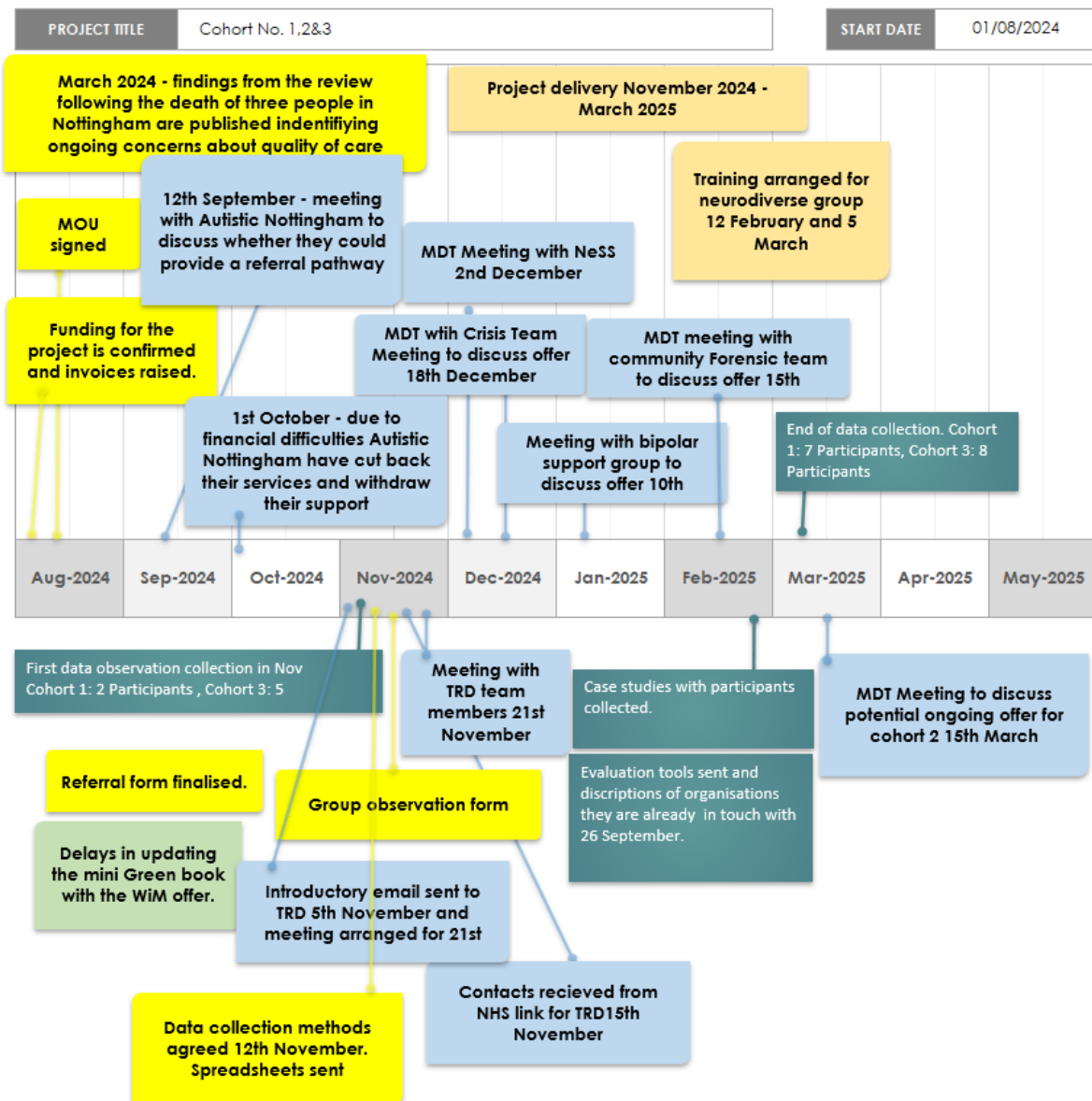
This approach has ensured continuity for participants and created onward pathways that link with other services—unlike other projects that had to close when GSPE funding ended. The long-term return on investment is likely to be stronger due to this sustained impact. Feedback has been striking, with one participant stating that she felt her first eight sessions at FGG were more beneficial than 40 sessions with an occupational therapist.

Key learning points:

- Significant time and resource are needed to safely adapt green social prescribing offers to meet the needs of people with more complex mental health presentations.
 - Value for money needs to be viewed across the full delivery arc, including sustainability of delivery post-funding and continued engagement of participants.
 - Providers like FGG demonstrate strong potential when trusted to evolve their model and supported through consistent partnerships. Their continued commitment post-GSPE shows a deep embedding of green social prescribing principles in practice.
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5.1.2 Framework ‘Wellness in Mind’ (WiM): activity delivery for Cohorts 1, 2 and 3: Serious Mental Illness (city), Treatment Resistant Depression and Neurodiversity

Timeline for cohorts 1, 2, and 3 delivery:



Cohort 1: Serious Mental Illness

New connections were established with NHS teams, but referral numbers remained low, partly due to the time of year and cold weather limiting engagement.

Cohort 2: Treatment-Resistant Depression

This cohort was affected by internal pressures within Nottinghamshire Healthcare NHS Foundation Trust, which led to the suspension of a successful NHS-run physical activity group. GSPE and WiM explored opportunities for a follow-on service, highlighting the potential for community-based support to be embedded into clinical pathways. If services like this were sustained rather than disrupted, costs per person would be significantly lower and reliance on

the system reduced. Despite delays, GSPE funding was used later in the year to reinstate delivery and strengthen these integration opportunities.

Cohort 3: Neurodiversity

Autistic Nottingham had initially committed to supporting referrals but had to withdraw due to their funding delays and cashflow issues. As a result, the group saw reduced referral numbers and missed the opportunity to compare held vs. non-held referral pathways, which would likely have demonstrated stronger uptake and more robust data.

Wellness in Mind provides a compelling example of how national delays to funding and confirmation can have a detrimental impact on delivery, outcomes, and value for money — particularly for providers without alternative resources to sustain services in the interim.

Following the end of the initial Green Social Prescribing (GSP) Test and Learn phase — which built on a previously Lottery-funded service — Framework's Nature in Mind service was forced to stop delivery in May 2024 due to the absence of confirmed funding. The pause in delivery resulted in the loss of essential staff, who then had to be recruited and trained again when the extension funding finally came through. In the meantime, the group's primary delivery site — a community allotment — became significantly overgrown, and the greenhouse was damaged and unusable. Restoring the site to a workable condition required a substantial amount of time and resources, further delaying the programme restart.



Images showing how overgrown the allotment was, and the work needed before delivery could begin.

Despite these setbacks, the provider impressively managed to make the site usable and re-establish delivery within two months. However, this left just four months for active delivery. Re-advertising the programme and re-establishing referral pathways took time, and although some previous participants did return, uptake was slower overall — particularly during the colder months. As a result, the average session size dropped from 15 to 7-8, and the overall reach fell from a projected 90 to just 7-8 participants per group, effectively **tripling the cost per participant, highly impacting value for money.**

See the table below for proposed participation based on historical delivery:

Cohort		Total sessions	Mean participants per session	Total participants engaged with across the delivery period	Delivery period
1 - SMI	Proposal	24	15	90	6 months
	Actual	16	7	7	4 months
2 – Treatment and Resistance	Proposal	24	10	60	6 months
	Actual	TBC	TBC	TBC	TBC
3 - Neurodiverse	Proposal	24	15	90	6 months
	Actual	16	8	8	4 months

*“The key difference being that many of those Nature in Mind participants were continuing clients who had built up attendance and routine over spring and summer, rather than new participants we were trying to attract (for the GSP extension programme) during the **bleakest time of year**. If we had started the programme in spring, I think our attendance and referral numbers would have been much closer to those we previously achieved.”*

- The Service Manager

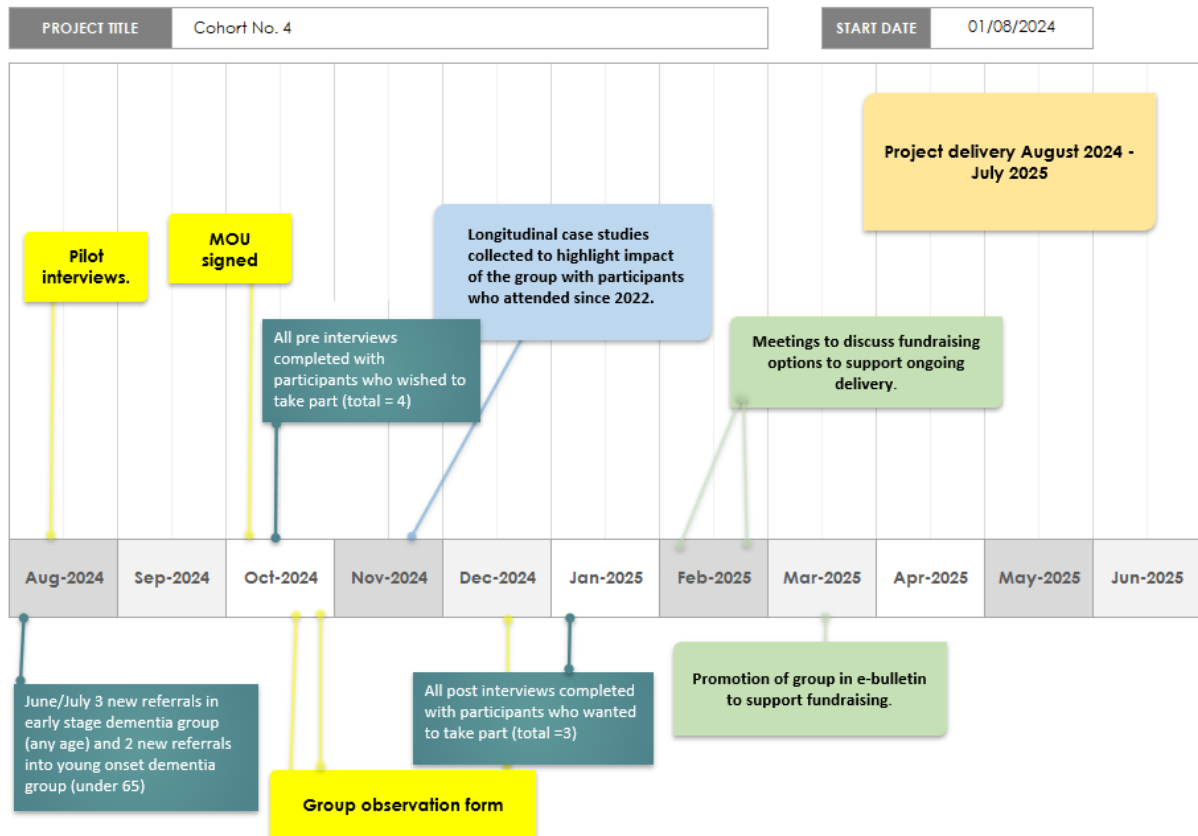
None of these challenges reflect the provider’s performance or commitment. Rather, they underscore the consequences of stop-start funding cycles. Framework’s efforts to restart swiftly demonstrate strong organisational resilience, but also highlight how such delays undermine value for money, impact, and continuity of care.

Key Message:

Funding delays have far-reaching consequences that go well beyond simple disruption. Stopping and starting delivery due to late decisions impacts not only staff retention and recruitment, but also the physical maintenance of spaces, weather-dependent activities, group cohesion, and referral relationships — all of which are difficult, if not impossible, to rebuild within shortened timelines. These challenges were entirely outside the control of the NCVS team and delivery partners. Moving forward, funders and commissioners must take greater responsibility for the conditions they create. Timely decision-making and continuity of funding are essential to protect service quality, maximise value for money, and safeguard the long-term infrastructure and trust that underpin effective community-based delivery.

5.1.3 Nottinghamshire Healthcare Trust Dementia Hubs: activity delivery for Cohort 4: Focusing on early diagnosis, young onset dementia, and those economically inactive due to dementia

Timeline for cohort 4



This data demonstrates the benefit of the continuation of delivery. Although the group sizes were small, the participants attended every week, and the numbers were steady across the study period. This group is also well embedded within the existing NHS pathways, and so referrals are not an issue for the group.

Calculating value for money for this group is difficult because dementia is a progressive condition, and so what you are measuring is a delay or slowing down of progression. Nevertheless, our qualitative research included longitudinal case studies with members who had been attending for three years and felt that the group was beneficial for managing their condition.

“Average costs of mild, moderate, and severe dementia are £24,400, £27,450, and £46,050, respectively, per person per year.” - Wittenberg, R. et al. (2019) ‘The costs of dementia in England’, *International Journal of Geriatric Psychiatry*, 34(7). Available at: <https://doi.org/10.1002/gps.5113>.

Key message: Funding continuation is good value for money as there is no recruitment period for new participants, no loss of trust or relationships with referrers and provides a positive experience for participants.



Before and after the new garden was created at Ashfield Health and Wellbeing Centre.

For this group, the overgrown nature of the garden was part of the experience. The group wanted to be able to see progress and the impact of their work in transforming the space for the community. This highlights the need for ongoing investment in community-based activities, particularly nature-based ones, and their integration into NHS or social care pathways. Continuity allows participants to build meaningful connections, observe seasonal changes in the environment, and experience a sense of progression and belonging over time.

5.1.4 PICS Sherwood PCN (Mid-Notts) and Bassetlaw CVS Social Prescribing Service Cohort 5: People Facing Health Inequalities, Loneliness, and Multiple Long-Term Conditions

A different approach was taken for cohort 5, working with PCN Personalised Care teams operating in areas of high health inequality and Integrated Neighbourhood Working priority areas. Key system learnings were gathered on the impact, cost savings, and sustainable models, supporting the long-term integration of GSP into personalised care roles, as well as the development of data collection methodologies to support the wider social prescribing network.

Value for Money – Cohort 5:

- **The Role of the Nature Champion:**
The presence of a dedicated Nature Champion has proven to be of significant value. Their role in making appropriate referrals and suggesting small adjustments to existing working practices helped integrate nature-based approaches into the patient journey more effectively. During a joint-hosted event, providers specifically highlighted how much more efficient and impactful it was working with a Green SPLW (Social Prescribing Link Worker). They appreciated that the Green SPLW understood the nature-based offer, made appropriate referrals, and provided the right level of support to participants. This alignment enhanced service delivery and supported better outcomes.
- **Bassetlaw's Data Collection Model – A Case for Investment:**
Bassetlaw demonstrated strong value for money through its approach to data collection. While many social prescribing services cite the cost of tools like *Outcome Star* (due to subscription fees) as a barrier, the cost-benefit analysis of investing in an appropriate, system-integrated, person-centred tool like *Outcome Star* shows otherwise. The £2,532 investment over three years is a modest training and implementation cost, especially when it enables meaningful data collection that supports both individual outcomes and broader system insight.

When we initially trialled the conversation-based data tool (used in the national evaluation), feedback highlighted its value: SPLWs appreciated the qualitative and quantitative insights it enabled at the point of contact. However, they faced challenges embedding the tool into daily practice—particularly as the green focus didn’t always align with where the individual was in their journey. To overcome this, Bassetlaw funded a dedicated staff member to follow up with green referrals and use the tool consistently.

Despite these constraints, Bassetlaw achieved higher volumes of data collection than we did in across four other cohorts over a seven-month period. While our evaluation data may have been richer in qualitative depth, the scale of Bassetlaw's reach and the successful implementation of a follow-up model strongly support the case for investing in tools like Outcome Star. It represents a cost-effective, scalable, and person-centred approach to data collection and outcome monitoring.

Costs and Strategic Investment in Evaluation

The costs associated with data capture across Cohort 5 present a clear value-for-money case in favour of embedding the right tools from the outset.

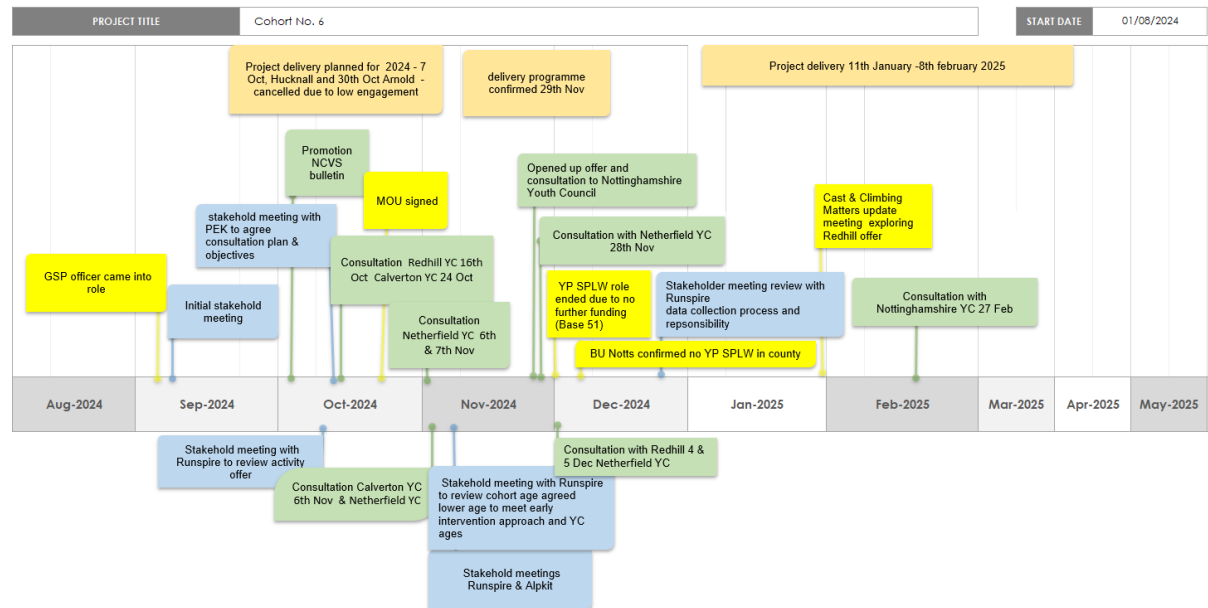
- PICS Sherwood PCN supported the GSP Champion role at no direct cost to the programme. Their internal decision to fund this position reflected confidence in its value and long-term utility.
- Bassetlaw CVS Social Prescribing Service incurred £5,000 in costs between January and June 2025 to trial and evaluate a new data capture tool alongside green referrals. In addition, a £2,532 investment over three years enabled the roll-out of Outcome Star across the whole staff team. This included all training, licensing, and support, allowing consistent and meaningful outcome tracking.

In contrast, setting up bespoke evaluation processes from scratch—without embedded tools—proved more expensive and harder to scale. Feedback from SPLWs using the national evaluation tool confirmed its value but also highlighted limitations: it was not always appropriate at the point of contact, hard to embed in daily routines, and sometimes misaligned with where individuals were in their journey. Embedding a dedicated staff role to follow up helped, but required additional investment.

Despite this, Bassetlaw’s model delivered significantly more evaluation data over seven months than the combined output of four other cohorts. This demonstrates that investing in the right infrastructure—like Outcome Star—offers a scalable, cost-effective, and person-centred solution, rather than duplicating effort through short-term, reactive evaluation approaches. **The modest cost of embedding such tools delivers better return on investment through improved consistency, better outcome visibility, and greater insight for service planning.**

5.1.5 Runspire and the Gedling Young People's MH Network (South Notts): activity delivery for Cohort 6: Young people aged 14 to 19 with mild, common mental health issues

Timeline for cohort 6



Runspire, a provider with a strong track record of delivering popular adult running groups, initially projected they could engage 60 young people over 10 weeks, based on previous success with adult cohorts. However, working with young people presented new challenges.

They began with a standard “Couch to 5K” offer, promoted through social media channels, but it gained no traction with the youth audience. Recognising the lack of engagement, Runspire collaborated with Positively Empowered Kids (PEK) to reframe the offer. Together, they co-designed a bespoke youth programme that reflected what young people said they wanted. PEK helped build relationships in youth centres, leading to the recruitment of 3 young participants who joined sessions in January.

Despite this breakthrough, the delivery period was short and total engagement remained well below the target. The timing (mid-winter), short timeframes, and broader barriers around transport and motivation all contributed to lower-than-expected uptake (see table below).

Proposed and Actual Costs – Cohort 6 Runspire

	Total sessions	Mean participants per session	Total participants engaged with across the delivery period	Delivery period
Proposal	96	15	60	10 weeks
Actual	5	3	3	5 weeks

While we are not including specific cost-per-participant figures to avoid unhelpful comparisons, the actual return on investment was significantly affected — resulting in

a dramatic percentage shift in cost-effectiveness. This experience demonstrates the real challenges of engaging new cohorts, particularly during winter, and emphasises that time for co-design, trust-building, and adaptation must be factored into commissioning timelines and expectations.

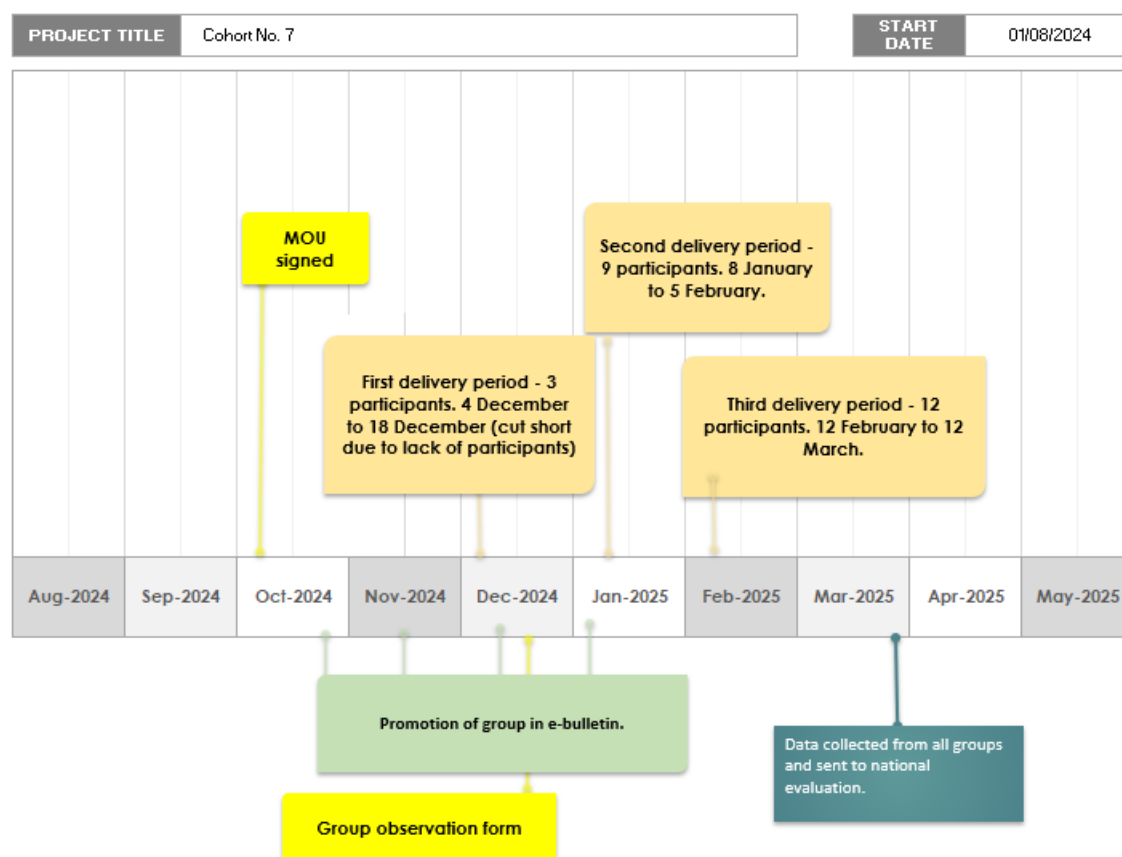
Despite low numbers, the impact on those who participated was significant, and the momentum generated is already shaping next steps. Youth consultation helped identify a strong interest in bushcraft and outdoor adventure-style activities, leading to a partnership with CAST, who already work with NEET young people. When CAST's offer was presented at a local youth centre, 12 young people expressed interest, a clear sign of improved resonance.

Key message

- Early uptake can be extremely low without meaningful engagement — social media alone was not sufficient to attract young people.
 - Investing in youth-led design and trusted intermediaries like PEK helped shift the narrative and connect with participants.
 - Even small-scale delivery can lay the groundwork for more successful models: this experience has already influenced how the remaining youth funding is being allocated.
 - The new approach, placing PEK in a strategic role with oversight from ICB and council leads, shows how we can commission differently — enabling youth voice to shape provision, improving reach and long-term value.
-

5.1.6 Climbing Matters: activity delivery for Cohort 7: People with low-level mental health

Timeline for cohort 7



Climbing Matters demonstrated one of the most effective delivery models across all cohorts, offering indoor sessions that were not impacted by weather and were flexible to fit around participants' schedules. As a small organisation led by a single individual who is not solely reliant on grant funding, the offer was both agile and resilient — particularly valuable during short delivery windows.

While initial recruitment (via social media) led to low uptake, subsequent cohorts reached or neared capacity. This shift was driven by strong relationship-building with the local Social Prescribing Link Worker (SPLW) team, who trusted the offer and referred full groups into the programme. This relational referral model contrasts with other cohorts, where participants arrived in small numbers or joined after the programme had already started.

Proposed and Actual Costs – Cohort 7 Climbing Matters

	Total sessions	Mean participants per session	Total participants engaged with across the delivery period	Delivery period
Proposal	15	12	36	4 months
Actual	15	9.3	28	4 months

Despite a slightly lower number of participants than projected, Climbing Matters delivered high value for money, with consistently strong engagement and positive participant outcomes. Their evaluation method, based on simple feedback mechanisms, the social opportunity and their embedded coaching approach (which fostered emotional resilience through climbing), makes this a model worth scaling.

However, it is important to note that a significant proportion of Climbing Matters' contribution was unpaid, including attendance at community events, meetings with SPLWs, and other engagement activities. This underlines a common tension in the sector: low delivery costs do not equate to low resource input, and models like this may be unsustainable without adequate recognition and compensation for the relational work involved.

Another important learning is that Climbing Matters is not a formally constituted organisation, which can limit access to funding despite the high quality of their delivery.

This raises a key point for commissioners and systems:

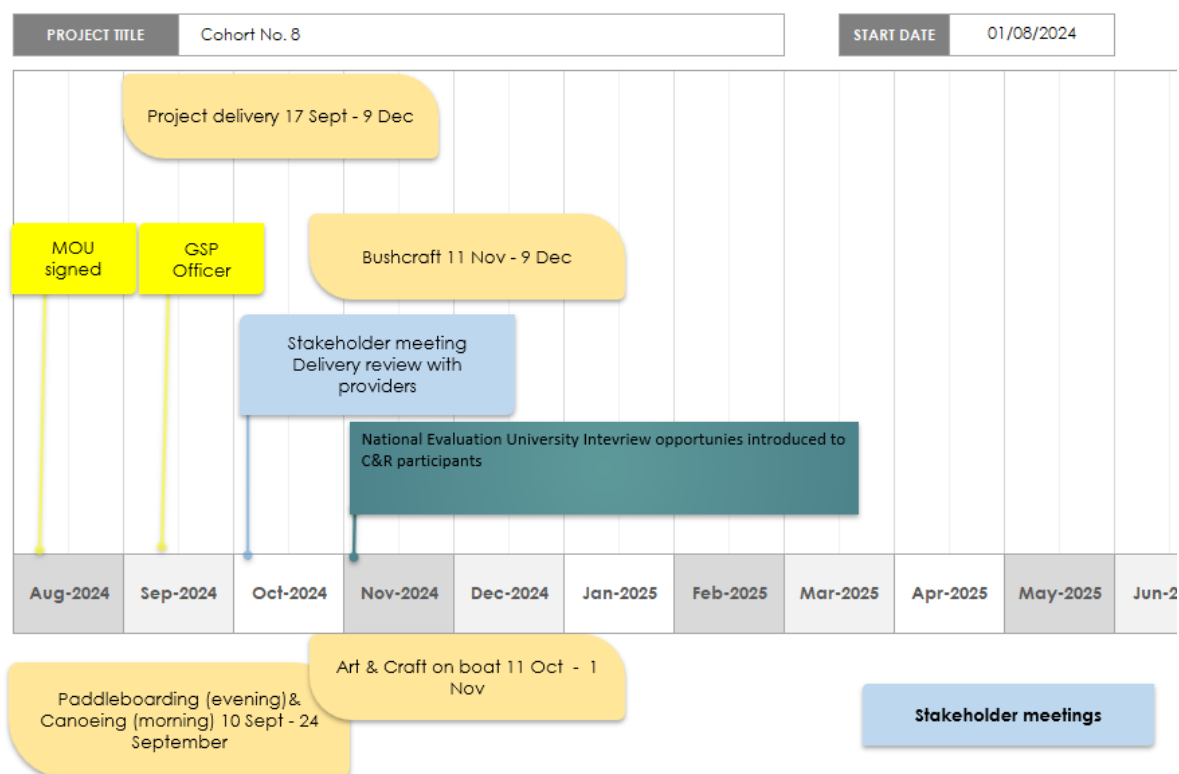
Being constituted does not automatically guarantee quality or value, and the diverse, multi-faceted nature of the third sector means that relational insight and on-the-ground understanding of providers is essential for fair, effective commissioning.

Key message

- Indoor delivery + short sessions = accessibility and flexibility, making it easier to recruit and retain participants in winter.
 - Relational working with SPLWs was central to success — trust and ongoing contact led to effective group referrals.
 - Micro-providers can offer excellent outcomes and value, but face barriers in accessing funding if not formally constituted.
 - Commissioners should look beyond structures, considering the whole offer (including evaluation, flexibility, and connection to wellbeing outcomes) — not just organisational form.
 - Future investment models could build on this example by creating commissioning pathways that support high-quality, low-overhead delivery from grassroots or independent providers.
-

5.1.7 Canal and River Trust: Activity Delivery for Cohort 8: Water-Based Activities for People with Low to Medium Mental Health/Social Anxiety

Timeline for cohort 8



Canal & River Trust initially proposed to run paddleboarding and canoeing sessions as part of their GSP offer. However, the timing of the funding round, coupled with a short mobilisation window, meant these sessions had to run at the end of the outdoor season. Uptake was lower than hoped, as the weather quickly turned and water temperature became a significant barrier to participation. Unlike some smaller providers, Canal & River Trust were able to evaluate and report on additional activity that took place outside of the funded offer, which helped to meet their participant targets overall — but this was only possible due to their organisational capacity and the fact they were already delivering other relevant activity.

To boost numbers and maintain engagement, Canal & River Trust introduced alternative indoor activities, including bushcraft session and a boat trip, which were more suitable and appealing during the colder months. This demonstrated flexibility and responsiveness to participant needs. However, it also highlights the challenge created by national funding delays, which compressed delivery timelines and limited the window for their originally proposed water-based activities:

Proposed and Actual Costs – Cohort 8 Waterway Wellbeing

	Total sessions	Mean participants per session	Total participants engaged with across the delivery period	Delivery period
Proposal	11	10	30	4 months
Actual	15	7.5	30	3 months

To help manage engagement and discourage casual sign-ups, Canal & River Trust trialled clearer communication about the value of each place, including introducing a no-show fee in their registration process. While this fee did not cover the full cost of a missed place, it served as a behavioural prompt to encourage genuine commitment. This approach reflects the broader need to reinforce the value of funded places and set expectations clearly—acknowledging that while cancellations are sometimes unavoidable, improving upfront communication can reduce dropouts and support more reliable attendance.

Due to the time constraints at the outset, we were unable to work collaboratively with Canal & River Trust to address the issue of inappropriate or sporadic individual referrals through the social prescribing pathway. These fragmented referrals made it difficult to form viable groups for activity delivery. In response, the team focused on connecting with trusted community leaders who could facilitate access to existing groups, enabling more effective engagement and improving the suitability and cohesion of participants.

Key learning:

- **Seasonality matters** – Outdoor and water-based activities must be carefully timed. Compressed delivery windows due to funding delays can result in poor uptake, which is not a reflection of provider effort or quality.
 - **Delays have ripple effects** – Late funding can compromise planning time, limit partnership working, and increase delivery pressure, especially for seasonal offers. These systemic factors must be considered when evaluating provider performance.
 - **Not all providers can flex** – Larger organisations may have the capacity to adapt by offering alternative activities, but this level of mitigation should not be expected of all providers.
 - **Referral models must match the delivery** – Sporadic one-at-a-time referrals make group-based provision unviable. Community-led or closed-group referral models may work better for certain types of provision.
 - **Value-setting supports engagement** – Communicating the value of a funded place and setting expectations early (e.g. through no-show policies) can reduce casual registrations and improve commitment, while still recognising that cancellations are sometimes unavoidable.
-

Summary of Cost Impact

The table below shows the proposed cost per participant per session for each provider, based on their original delivery plans and track record. Actual costs varied significantly—primarily due to delays in funding allocation, which had a direct impact on delivery timeframes, referral development, and the ability to build and sustain participant engagement.

Most providers experienced increased costs due to:

- **Compressed delivery windows**, leaving less time to establish referral pathways and build trusted relationships with new cohorts.
- **Poor seasonal timing**, requiring them to promote outdoor activities during colder, darker months when engagement is traditionally lower.
- **Stop-start delivery models**, where services had to pause, resulting in disruption to staff teams and, in some cases, extensive work to restore and prepare sites that had not been in use over summer.

Only one provider (A) was unaffected by these issues. Their role was embedded in an NHS pathway, and they were able to bridge the funding gap to maintain continuity. This serves as a strong example of how early commissioning decisions and service integration can mitigate disruption and protect value for money.

While some cost increases were anticipated due to the specialist nature of delivery and smaller group sizes, others were driven by structural challenges caused by commissioning delays. For providers targeting new or complex cohorts, the lack of preparation time combined with the poor weather of the season strongly contributed to the difficulty of reaching the participant numbers needed to balance costs.

	Proposed cost	Actual cost	Difference	Main reasons for the difference in cost
A	£28.00	£29.55	+£1.55	Minimal disruption due to bridging funding. Embedded in NHS referral pathway ensured continuity.
B	£18.00	£21.27	+£3.27	Indoor activity with existing infrastructure. Not seasonally dependent. However, compressed delivery window impacted time to develop key referral relationships.
C	£38.00	£141.86	+£103.86	Time required to establish a new referral pathway and develop a structured service to address the greater needs of the group. VFM expected to improve as delivery continues beyond the evaluation period.
D	£40.00	£147.52	+£107.52	Had to stop delivery and required 2 months for site preparations, staff recruitment, and training. Significantly impacted by seasonal change.
E	£35.00	£153.86	+£118.86	Seasonality and weather impacted session uptake. Lower participant numbers increased per-person cost.
F	£3.47	£333.33	+£329.86	Impacted by compressed delivery window due to delivering to new target market and co-design requirements needed, along with seasonal constraints, reduced uptake during colder months.

6 Data Capture

6.1 Initial Data Collection Approach and Key Challenges

Reflections on Measurement Tools – Challenges and Learning

6.1.1 The ONS4 Experience

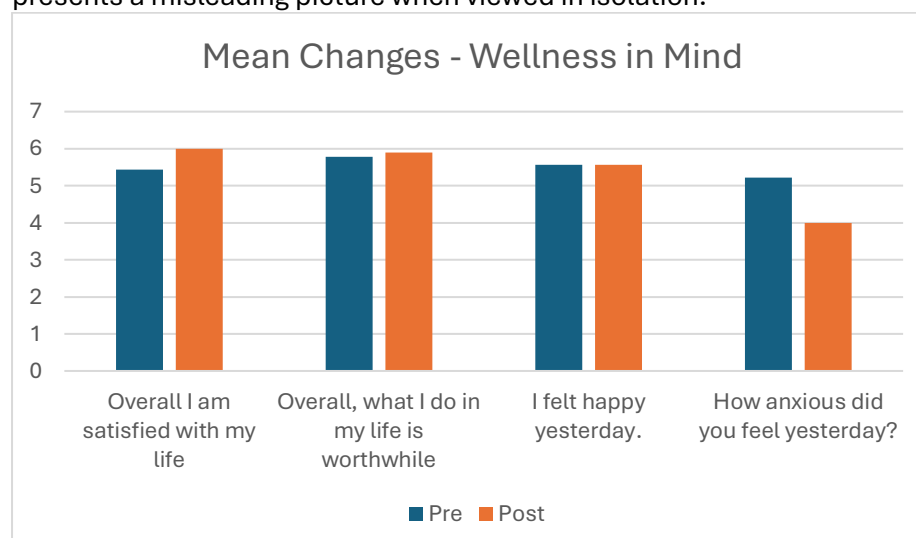
The ONS4 wellbeing questions were selected by the national GSP Extension team as the preferred tool for participant outcome measurement. However, early implementation—particularly with the dementia cohort—highlighted significant challenges:

- **Distress and disengagement:** In one case, a participant found the ONS4 questions so distressing that they disengaged entirely from the evaluation. They only re-engaged when the evaluation approach was changed to a more sensitive, conversation-based model.
- **Numerical confusion:** Many participants struggled with the scale, particularly those with cognitive impairments, mental distress, or lower health literacy.
- **Lack of relevance:** The four questions were too broad and impersonal to capture meaningful change or support therapeutic reflection. Participants and evaluators alike found them disconnected from the lived experience.
- **Barrier to engagement:** Discussions with other delivery cohorts, Social Prescribing Leads, and Link Workers consistently echoed that the tool acted as a barrier to effective data collection, rather than a support.

Limitations of ONS4 in Small Sample Evaluation: A Case from Two Groups

While the Office for National Statistics' personal wellbeing measures (ONS4) are often used in national evaluations, they are not designed for small-scale datasets or short-term interventions—especially those working with complex needs. This limits their value in accurately capturing change and impact in locally targeted Green Social Prescribing (GSP) settings.

In this case, full pre-and-post ONS4 data was collected for 9 participants on the Wellness in Mind programme. The average scores are shown in the graph below. However, this data alone presents a misleading picture when viewed in isolation.



More meaningful insights were drawn from a combination of:

- **EQ5D** data collected by Wellness in Mind,
- **Participant feedback** from three individuals
- **Observational data** recorded by project officers from GSPE.

These complementary sources aligned to show significant positive impact—in contrast to the flat or negative shift suggested by the ONS4 averages.

A good example of this misalignment is **Participant A**, who attended the Dementia gardening group and showed a drop in life satisfaction on the ONS4 scale. However, in her follow-up conversation, she explained this was due to a decline in her wellbeing over the Christmas period, when she was unable to attend the group. This absence, rather than any failure of the intervention, led to the dip in self-reported life satisfaction—highlighting the volatility and sensitivity of this measure in small cohorts.



The Context for Participant A

She had really missed coming to this and other groups over the Christmas period and this had had a big impact on her mood which is why the score was lower. Without all the activities she normally attends she felt that she had had more time to think about the future and the anxiety that she feels about that. However, she felt that this had also showed how important the group is, and Christmas had really made her realise what she missed by not attending the group.

Figure 1: Life Satisfaction Results for the Dementia Hub Group

Key takeaway:

This reinforces the need for more nuanced, context-sensitive tools when evaluating complex community-based interventions. Relying on ONS4 data in isolation not only risks under-representing the success of these programmes but also overlooks important participant narratives and outcomes better captured through mixed methods approaches.

6.1.2 Designing a Better Fit: The Conversation-Based Tool

In response, we co-designed a conversation-based tool, drawing on principles from the Outcome Star but tailored for the Green Social Prescribing context. The design priorities were:

- **Structure with flexibility:** Allowing for consistency in format but enabling personalised, “what matters to me” reflection.
- **Low-cost and scalable:** Avoiding licensing and training requirements to suit provider constraints.
- **Dual-purpose:** Designed to support both evaluation and therapeutic engagement.

Insights from Testing

- **Self-completion did not work:** Participants often gave incomplete or unclear responses when using the tool alone.
- **Guided conversations enhanced quality:** When facilitated in-person by officers in green spaces, the reflections were far richer and more insightful.
- **Descriptive scales worked better:** Participants understood and responded more meaningfully to clear descriptors than abstract numbers.
- **Flexibility enabled relevance:** The ability to select topic areas based on conversation helped tailor insights, particularly around nature connection and social impact.
- **Context added value:** Qualitative feedback alongside simple ratings helped evaluators and participants track change more meaningfully.

However, despite its benefits:

- It was time-intensive and best delivered through in-person, trusting conversations—not always feasible in standard social prescribing settings.
- Social Prescribing teams struggled to use it consistently due to their lack of face-to-face contact, time pressures, and competing data demands.

6.1.3 Outcome Star Trial

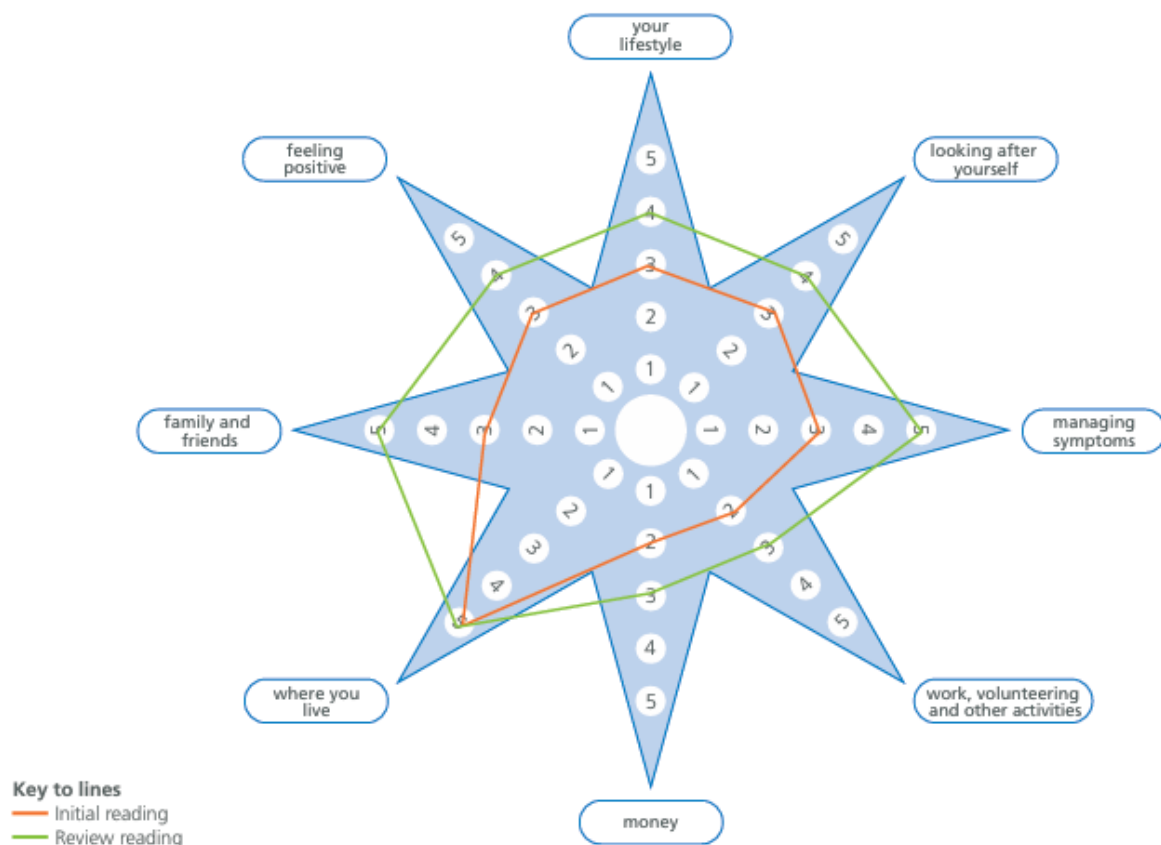
While the conversation-based tool was effective for evaluation purposes, it lacked the formal structure, validation, and system-aligned metrics of tools like the Outcome Star.

To address this, the Bassetlaw Social Prescribing Service was funded to trial the Outcome Star during the embedding phase following the GSP Extension evaluation. This was a key step in testing its:

- Suitability for routine use
- Alignment with Social Prescribing Link Worker roles
- Potential for embedding in local systems and learning cycles

Though it requires upfront investment (approx. £6k over three years for licensing and training), the Outcome Star offers:

- Structured, validated measurement
- Integrated data collection that supports clinical and social decision-making
- A bridge between local delivery and system-wide evaluation



Key Learning

- ONS4, though well-intentioned, did not work in practice for many participants and settings. Its lack of sensitivity and complexity of scale led to disengagement and unreliable data.
- The conversation-based tool improved participant engagement, reflection, and insight—but it demands time, training, and the right context to deliver consistently.
- The Outcome Star may offer the best long-term solution: validated, structured, embedded, and aligned with wider systems—but only if supported through investment and integration.

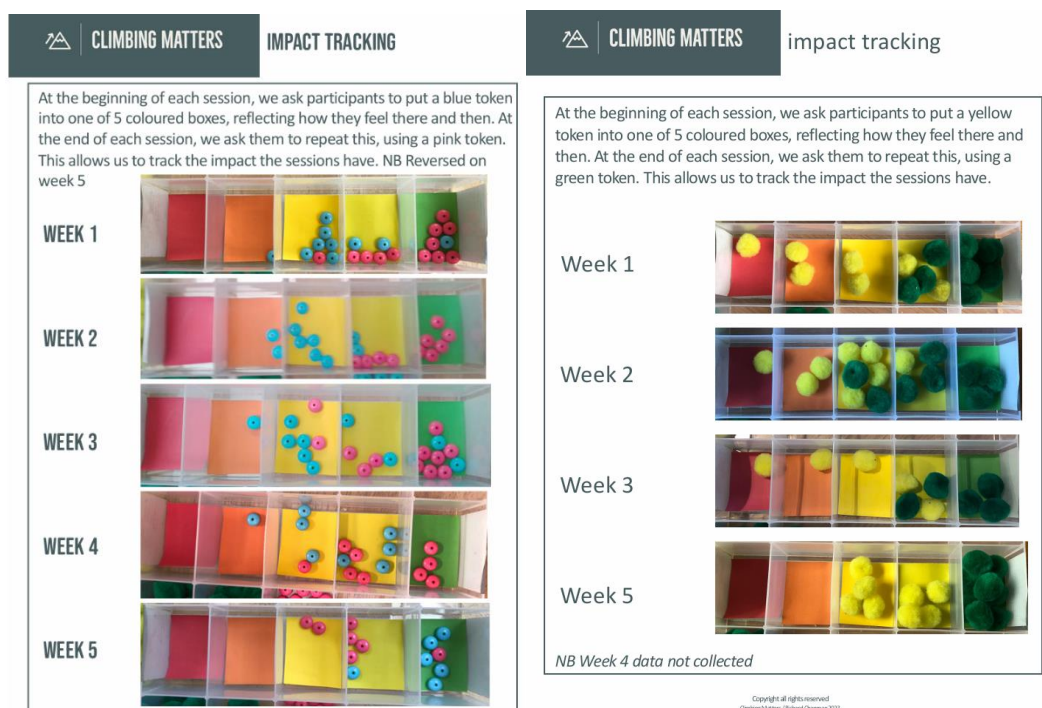
Final Reflection

The bespoke “conversation-based” data tool in Bassetlaw, which required a dedicated staff member funded at £5k over six months. That investment yielded 42 complete pre-/post-datasets, almost half of all green referrals across seven cohorts over seven months. While this method improved data richness, the cost was significantly higher than using a standard validated tool. In contrast, investing £6k over three years in integrating the Outcome Star into routine SPLW practice would have delivered comparable data quality and scale, with lower ongoing costs and greater system integration. To deliver value for money and meaningful evaluation, we must match our measurement tools to the people and settings they serve. Embedding evaluation is not just about collecting data—it's about making that data work for the participant, the practitioner, and the system.

6.2 Bridging Tool Design and Delivery Capacity

While structured tools like Outcome Star offer long-term value when embedded, it's important to acknowledge the practical constraints faced by many community activity providers. Even when tools are thoughtfully designed and validated, they may still be impractical for delivery partners with limited staffing, digital access, or evaluation expertise. This became especially clear in our work with smaller providers who deliver impactful activities but lack the infrastructure to implement complex tools.

One example of adapting to this reality was seen in the work of Climbing Matters, who developed an accessible, no-tech evaluation method requiring minimal time and training. This low-burden approach ensured that evaluation did not compromise the delivery experience—especially important for participants with additional needs.



 CLIMBING MATTERS

impact tracking



6.3 Health Utilisation Data

Working with the ICB System Analytics Intelligence Unit (SAIU)

During development of the Nottingham and Nottinghamshire GSP Extension expression of interest, the SAIU team were brought on board, as part of the ICB's strategic commitment of the GSPE project, to provide guidance and support around gathering health utilisation data from participants. Specifically, the GP Repository for Clinical Care (GPRCC) was to be used to expediate this data collection and tracking.

Process

The GSP Extension team agreed the following process with the SAIU team regarding capturing health utilisation data from participants in green social prescribing activities.

1. Consent provided by participant to access their health data using a pseudonymised approach. Participant to provide first name, surname, DOB and sex.
2. In the GSPE baseline survey, participants are given the option to answer 7 questions about their previous health utilisation or to provide their consent to access their health records through the GPRCC.
3. Each GSPE participant providing their first name, surname, DOB and sex would be given a pseudonym (unique ID) by the SAIU, health utilisation data is extracted from the GPRCC and returned against each pseudonym. This data and the pseudonym 'key' are provided to the GSPE team.
4. Agreement was made with the SAIU team that data would be captured on health utilisation for the 12 months prior to the participant taking up the green social prescribing activity and then again at a time in the future on they had taken part.

Timescales

Although the process was agreed upon and consent was obtained from some GSP Extension participants, the reduced timescale of the programme meant that it was not possible to test the agreed process. However, now we understand the process required and there is more consideration as to what health utilisation information needs to be drawn out, we have the foundations for exploring this area as we move into embedding processes and practices in the local system.

Challenges with Collecting Health Utilisation Data

- **Duplication Issues:** Health utilisation data and demographic data often overlapped, creating extra admin burden.
- **Invasiveness:** Some questions felt intrusive, particularly when the goal was to track wellbeing rather than medical history.
- **Impact on SPLW Teams:** Social Prescribing Link Workers (SPLWs) found the duplication a barrier—both in their workflow and in how participants engaged with the survey.

Key Learnings

- Collecting health-related utilisation data may not always be relevant in a wellbeing-focused framework.
- When tracking wellbeing progress, it's more important to focus on meaningful self-reported change rather than clinical outcomes.

Data Flow Considerations

- Currently, there is fragmentation in how data moves between social prescribing, health services, and evaluation systems.

- SPLWs not being employed directly in clinical settings (as in Bassetlaw's model) means they lack access to common health data systems.
- This also limits the ability to track changes in healthcare usage over time—which impacts evaluation and investment justification.

6.4 Cohort Data Capture Learnings and Observations

Each participant cohort faced unique challenges and opportunities in relation to data collection. The summary below for each cohort outlines who captured what data, when, and how it aligned with the intended evaluation approach. While this report does not present all raw data in full, it highlights key qualitative and (where possible) quantitative insights that speak to the real-world impact of the Green Social Prescribing programme.

We are still in the process of analysing some datasets due to limited analytical capacity, and as such, this report focuses on practical examples that convey value without overwhelming with volume. Where case studies or themed quotes are used, these are taken directly from participants or frontline staff and are presented to illustrate what standardised tools alone cannot fully capture.

All names have been changed to protect confidentiality.

6.4.1 Cohort 1 and Feel Good Gardens

Registration	Baseline /Pre survey	Disengage	Post Survey	Follow up
Cohort 1 Feel Good Garden (FGG): <ul style="list-style-type: none"> - UIN - Assessment/taster/site visit date - Start date - Referral source - Intro GSPE participation sheet 	Officer: <ul style="list-style-type: none"> - MH diagnosis - Conversation Evaluation - Observations 	FGG <ul style="list-style-type: none"> - Tracks engagement FGG: <ul style="list-style-type: none"> - Reason for disengagement 	Officers: <ul style="list-style-type: none"> - After the 8 week engagement - Conversation Evaluation Officer: <ul style="list-style-type: none"> Observations and offer to capture their story 	FGG <ul style="list-style-type: none"> - 8 weeks after TBC

Qualitative Insights from Participant Case Studies

Drawn from participant-written reflections following the 8-week Feel Good Gardens programme

Feel Good Gardens, like many providers, collects data to meet varying funder requirements, often resulting in inconsistencies in how impact is measured. With the support of GSP Project Officers, who facilitated reflective conversations and gathered feedback using a shared evaluation tool, two participants developed their own written case studies. These offer unique insight into the personal and social impact of attending the group.

Below is a summary of themes and selected quotes.

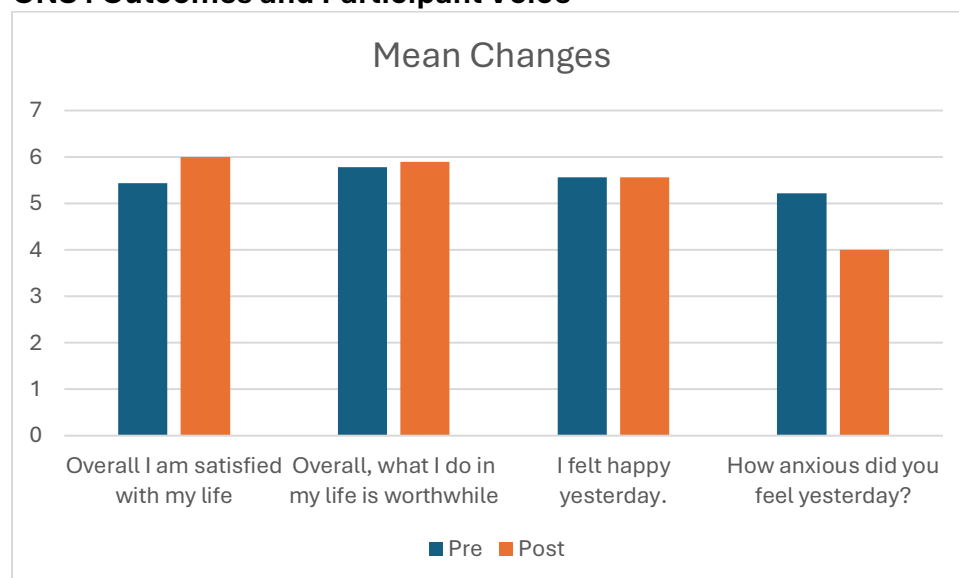
Theme	Insight	Participant Quotes
Initial Barriers	Participants described high anxiety about social interaction, travel, and new environments.	<p>"I panicked... someone kept asking me questions and I couldn't talk."</p> <p>"I wasn't sure I would return, but I knew I needed to push myself."</p>
Supportive Environment	The nature-based setting, warmth of staff, and structured activities were seen as therapeutic and non-threatening.	<p>"Real coffee, homemade soup, nature, growing and love... bird song... healing."</p> <p>"I felt a real sense of purpose and belonging... a genuine feeling of inclusion."</p>
Meaning and Emotional Connection	Activities like tree planting created space for emotional expression and memory.	<p>"On [the anniversary of my sister's death] we planted a tree... so thoughtful."</p>
Impact on Mental Health	Participants experienced reduced isolation, improved confidence, and emotional resilience.	<p>"If I could have controlled my support, I wish someone had referred me to Feel Good Gardens sooner."</p> <p>"Gardening, talking, listening, laughing and eating together has improved my emotional loneliness."</p>
Peer Connection	Relationships formed during the group had lasting emotional and social value.	<p>"We directly and indirectly support one another... beneficial both physiologically and mentally."</p>

6.4.2 Cohorts 1 to 3 and Wellness in Mind

Registration	Baseline /Pre survey	Disengage	Post Survey	Follow up
Cohort 1-3 Wellness in Mind: <ul style="list-style-type: none"> - UIN - Demographics - Start date - MH diagnosis - MH level - ONS4 - Referral Source 	Framework: <ul style="list-style-type: none"> - ReQuOL-10 (Recovering Quality of Life scale) - Goal-Based Outcomes EQ5D - Nature connected Q. Officer: <ul style="list-style-type: none"> - A Group observation 	Framework: <ul style="list-style-type: none"> - Tracks engagement and asks reason for disengagement 	Framework: <ul style="list-style-type: none"> - After the 8 week programme - ReQuOL-10 - EQ5D - Nature connected Q. Officer: <ul style="list-style-type: none"> - A Group observations and captured three impact case example 	- Not collected

- This organisation has commissioned contracts with the ICB and must use System One and collect data using ONS4 (as part of their registration form), ReQuOL-10, Goal-Based Outcomes, and EQ5D. This data was captured for cohorts 1 and 3 (cohort 2 did not go ahead in time).
- Referral sources included professional referrals and returning participants from Nature in Mind.
- Group observations were carried out once the activity had started.

ONS4 Outcomes and Participant Voice



ONS4 data was collected to help demonstrate the impact of the project, as summarised in the chart above. While the sample size was small, the average scores indicated some shifts in well-being. However, to better understand the lived experience behind the numbers, qualitative feedback was also gathered from three participants.

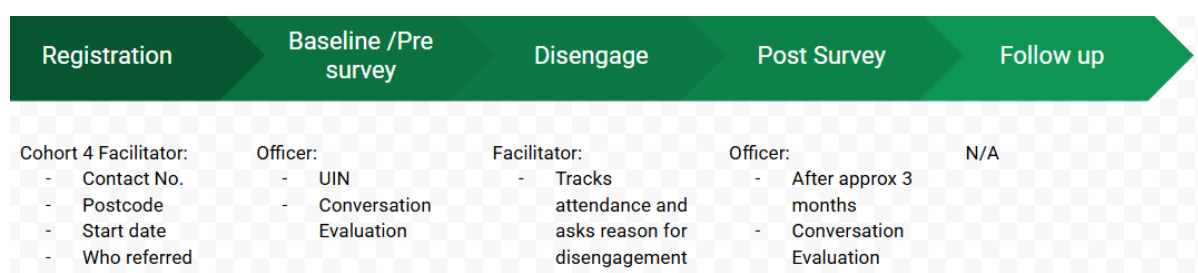
A selection of key quotes is shared below to provide context and depth to the numerical findings:

“He felt that it was very beneficial for him – he was ‘new to being mental health aware’ and quite recently diagnosed with ADHD, but being out at the allotment was ‘like a little haven’ and felt a long way from everything else. He said he had always found solace in connecting with nature and being surrounded by trees. He liked that it was a quiet space where he could listen to the birds, see the plants growing and that it had ‘magical benefits’ for mental health. It was a place where he could ‘stop thinking too much about the outside world’.”

“It got me to meet new people, got me outdoors more.”

These reflections, paired with observational and EQ5D data collected by GSPE Project Officers and delivery partners, suggest that standardised wellbeing measures alone may miss the nuance and depth of individual outcomes, particularly in small cohorts or for those with complex needs.

6.4.3 Cohort 4 – Dementia Hubs



- The need for a more appropriate evaluation method for this cohort led to the development of the Conversation Tool. Due to the progressive nature of Dementia, it was felt it was important to celebrate the benefits of the garden rather than tracking a decline.
- The number of participants attending has been a significant consideration in maintaining a safe and quality service, given just one facilitator. The offer of volunteer and student placements was highly valued to support engagement with participants and, in turn, supports valued insights into the benefits of horticulture within dementia care.
- Due to the small group size, previous quantitative data submissions were statistically insignificant. A broader dataset combining other dementia-focused nature groups could yield different results, highlighting the need for research to be embedded in practice.
- Should the groups continue longer term within the Dementia care pathway, further consideration of data collection to evidence therapeutic impact would be beneficial, whilst continuing to balance the non-medical peer approach of evaluation.

Case Study Insight: “Worth More Than Gold”

The excerpt from one of the case studies demonstrates the impact that the gardening group had on a couple of participants:

“Before the group,” Janet explained, “I didn’t use to do a lot.” There was a period pre-diagnosis that was very difficult. She struggled with depression and felt misunderstood: “People thought that I was on drugs.” She began forgetting key tasks at work, like cashing up the till, and it was

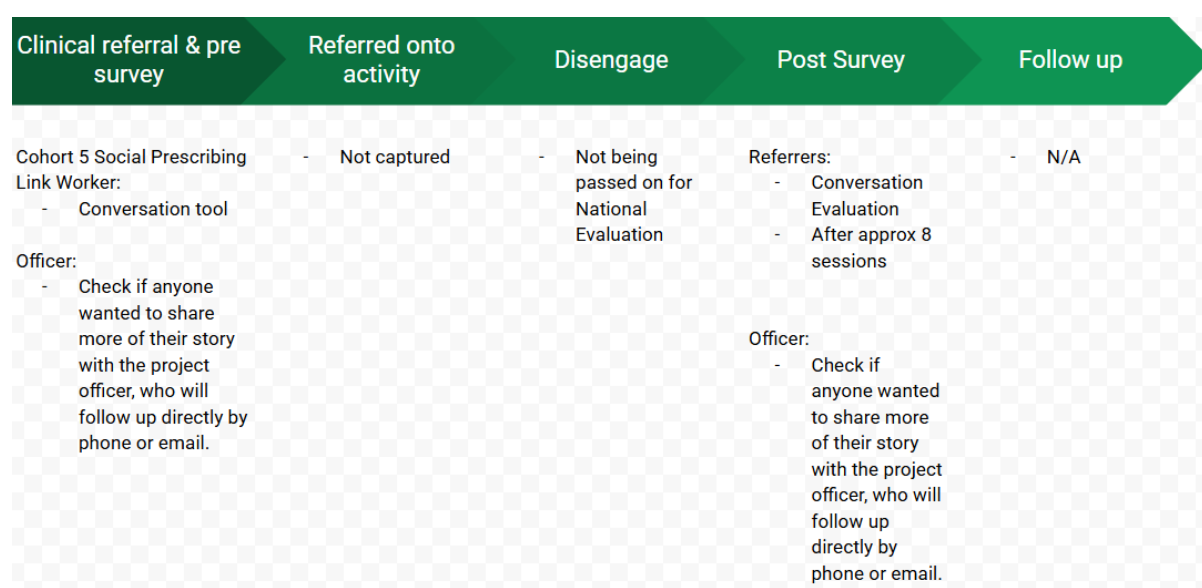
her manager who first raised the possibility that she might have dementia. Janet described the uncertainty and distress before diagnosis, saying she had visited her GP but felt dismissed. “I thought I had a brain tumour.”

Since getting her diagnosis and being referred to the group, things have changed significantly. The gardening group now fulfils and energises her. She shared that she’s always loved Mondays, and having the group on a Monday gives her the “go ahead” for the rest of the week. “It’s like having a job again. I’ve been to work, I’ve done something.”

Key quote from Anne:

“We would be lost without the sessions... we’d be different people.”
 “It is worth more than gold.”

6.4.4 Cohort 5 – Green SPLW Champion in PICS PCN and Bassetlaw Social Prescribing Service



Learning from PICS Sherwood PCN SPLW Service

Data on the value of the Green Social Prescribing Link Worker Champion role is provided in the Appendix under ‘Value and Sustainability’, based on interviews with the Green Champion who resumed their role in mid-January 2025 as a Social Prescribing Link Worker and reflected on their part of the Green Social Prescribing programme for the extension.

The Sherwood PCN team uses the EQ-5D tool, which was also used by Wellness in Mind. They also previously used ONS4 but is now looking to phase out. The team also reported that SWEMWBS was often unsuitable for participants with increasingly complex needs.

The presence—and later absence—of a dedicated Green Social Prescribing Link Worker Champion had a significant impact. While the Champion was in post, follow-up conversations and green referrals were more consistent and frequent. Once the Champion left, follow-up data collection declined, with only a few conversations completed—just two fully. The overall drop in green referrals and inconsistent use of standardised forms over a 12-month period highlights the Champion’s role in sustaining both engagement and data quality. This underlines the

importance of embedding a nature-focused Social Prescribing Link Worker Champion within the team and the need for a more streamlined, embedded data collection model.

Testing the Conversation-Based Tool in Bassetlaw

Separately, in Bassetlaw CVS, £5,000 from the GSPE budget was used to pilot the conversation-based evaluation tool between January and June 2025. A dedicated member of staff was funded to follow up with participants referred into green activities and to support proper use of the tool during reflective follow-up conversations. This led to 42 full pre/post datasets—accounting for nearly half of the 88 total green referrals made across all seven cohorts over seven months—demonstrating the value of embedding data collection into the workflow.

Initially, time constraints meant patients were often asked to complete the tool independently. This undermined its effectiveness, as the tool was designed to be used within a meaningful conversation, enabling participants to reflect on their journey. When self-completed, the quality of data diminished—affected by individual interpretation, literacy, and the absence of a guiding discussion.

Further challenges emerged from duplication. Social Prescribing Link Workers already had access to demographic and health utilisation data, but these fields were also required in the tool for national evaluation purposes. The tool was subsequently revised to allow patients to self-complete these sections. However, this still limited the tool's value as a conversation aid, particularly in the wellbeing section.

Following a review and consultation with the Social Prescribing Link Worker team, we explored embedding the wellbeing section of the tool into routine practice, removing the need to collect demographic data separately, and broadening its application beyond nature-based referrals. While this would have aligned more closely with the tool's original intent—supporting structured, reflective dialogue rather than purely data capture—it proved logistically unfeasible within the existing workflow. Instead, the most effective approach was to assign dedicated staff to follow up with participants referred into nature-based activities by the wider team. This ensured consistency, improved data quality, and allowed the tool to be used as intended, within meaningful, participant-led conversations.

The review also highlighted the need for wider training in data capture methods. Evaluation tools must be integrated into everyday practice in a way that balances individual, reflective support with system-level reporting. Doing so will generate richer insight and help ensure evaluation becomes a meaningful, practitioner-owned activity.

We also believe individuals accessing services should have a clear option to contribute to evaluation. Their lived experience is essential in shaping services, sustaining impact, and informing future investment decisions.

As a result of the GreenSpace partnership patients were referred to Clumber Park in order to encourage them to get out into nature. A case study of one of the participants was created and demonstrates that although it was essential that the patient's boiler was fixed and they got the support they needed to get food, it was the access to green spaces that really improved their mental health. **“When he wakes up in the morning, he now feels an excited buzz that if it's a**

nice day he can go to clumber, he said something that seems like such a small thing has been life changing for him.”

Next Steps: Embedding Outcome Star for Long-Term Use

As a more sustainable and scalable approach, Bassetlaw CVS is now piloting the Outcome Star, supported by an additional £5,000 investment, comprising £2,532 for the direct cost of the tool over three years and £2,468 allocated to embedding, monitoring, and sharing learning. This tool is being trialled as a more suitable alternative to both the conversation-based tool and the ONS4 measure.

The Outcome Star offers a clear advantage through its descriptive, Likert-style scale, which participants find easier to engage with than abstract numerical rating systems. Its structure enables tracking of change over time and supports high-quality reflective practice, while still generating meaningful system-level data.

Following this successful test of the conversation-based tool, the Outcome Star has received formal approval across the PCNs. The aim is to embed its use into routine practice over a minimum three-year period, with the ability to accrue funds to sustain ongoing training and licensing.

This move reflects a key learning from the pilot: evaluation tools are only effective when they are embedded in practice, relevant to the practitioner’s role, and meaningful to participants. Importantly, we must distinguish between different kinds of data. Tracking personal change over time is not the same as gathering feedback or data to inform investment. Choosing and embedding tools with these distinctions in mind is critical to long-term success.

6.4.5 Cohort 6 – Young People (Runspire & Nature-Based Activities)

Consultation	Baseline /Pre survey	Disengage	Post Survey	Follow up
Cohort 6 Runspire <ul style="list-style-type: none"> - Registration form set up but not used by Young people. Captured during sessions - Consultation to improve uptake 	Runspire: Taster session Officer: <ul style="list-style-type: none"> - UIN - Start date - Source of referral - MH diagnosis - Conversation Evaluation 	<ul style="list-style-type: none"> - Not captured but this triggered registration at the first session. 	Officer: <ul style="list-style-type: none"> - Conversation Evaluation after 4 sessions 	Officer: <ul style="list-style-type: none"> - Approx another 3 months after post survey complete follow up survey asking if anything has changed

Working with young people offered critical learning around engagement, data collection, and meaningful activity design. Although impact was clearly seen in individuals who did engage, there were clear limitations in the model used and how it was introduced. These insights significantly shaped the local approach moving forward.

Learning from Practice

RunSpire delivered impactful sessions for a small group of young people. However, challenges in sustaining engagement highlighted a need to rethink how support is offered to new cohorts—particularly those not already connected with a trusted adult or local services. Key learning included:

- Young people did not complete registration forms prior to activity start. We recommend that youth workers or referrers facilitate registration in advance and use physical forms where possible.
- Parental engagement could support stronger participation, particularly for younger age groups or new starters.
- Registration was often only completed at the first session, meaning limited data from those who only attended once or twice.
- Youth workers or trusted adults play a key role in bridging communication and building trust; coordination with them could improve continuity and outcomes.
- Attendance was impacted by external factors, including weather and transport availability.
- Digital tools were not well-received. Assumptions about young people's preferences for digital surveys were challenged—most preferred the conversation-based approach, especially when led by someone they already trusted.

Impact Despite Low Numbers

While data was limited, impact on those who participated was evident and emotionally resonant. The following quote is taken from a participant who shared their experience in more detail:

“I don't know anyone who runs (in my friends/family), but at the session I met Richard Whitehead. I've never done anything like this before. It feels amazing when I'm running – it feels like I'm air, I feel free!”

From Learning to Local Investment

These insights directly influenced a shift in how the remaining funding was used, leading to a strategic partnership with PEK (Positive Empowered Kids) within the South Nottinghamshire Place-Based Partnership Integrated Neighbourhood Working model (Arnold Local Design Team). This created a more embedded and responsive system of youth support, allowing for:

- Investment in delivery partners through PEK as a trusted community fundholder.
- Sustained activity, mentoring and consultation, shaped around what young people ask for rather than what is assumed they need.
- Stronger accountability and partnership working, aligning health, community, and youth services.

This model has since attracted further funding and commitment from wider partners, demonstrating how insight-led evaluation can drive meaningful, systemic change—even when initial engagement is limited.

6.4.6 Cohort 7 – Climbing Matters Programme

Registration	Baseline /Pre survey	Disengage	Post Survey	Follow up
Cohort 7 Climbing Matters: <ul style="list-style-type: none"> - Start date - Referral Source - Intro GSPE & QR code for tick box SWEMWBS survey in programme handout booklet - What participant hopes to gain from the activity 	Officer: <ul style="list-style-type: none"> - Promoted the tick box SWEMWBS survey Group Observation captured 	Climbing Matters: <ul style="list-style-type: none"> - Tracks engagement and asks reason for disengagement 	Climbing matters & Officer: <ul style="list-style-type: none"> - After 5 sessions - QR printed in handbook the post survey. - Post tick box SWEMWBS survey, promoted by Officer in the last session Group Observation Captured 	Officer: <ul style="list-style-type: none"> - Approx another 3 months after post survey - Tick box SWEMWBS survey

- Built-in social time enabled structured discussions on evaluation and encouraged survey participation.
- QR codes were embedded in physical resources for easy evaluation access along with the introduction of the evaluation and the project officers' presence at the start and end.
- Climbing Matters also used a simple active data collection method – seen above - in this document, which meant they weren't survey fatigued.
- The structured approach, which also included reminders for completing the survey, ensured strong engagement and valuable insights.

In total 7 participants completed both pre and post surveys, and the impact that the programme had on their life satisfaction scores can be clearly seen in the graph below:



Theme	Participant Quote
Confidence & Achievement	“It made me feel better about myself because I achieved something I didn't think I could and because it got me a bit more active.”
Mental Clarity	“Clearer thinking, more relaxed, better sleeping.”
New Perspective	“...gave me the realisation that there are other things that I can do and get enjoyment out of. I am thinking clearer... the difference between fear and danger.”
Challenge & Purpose	“Time to self, to meet others, to do something outside my comfort zone, to push myself, to achieve, something to look forward to...”
Carer Wellbeing	“I am a full-time carer for both my parents with dementia... I feel I am giving them more wholesome care after these sessions.”
Motivation & Routine	“If I wasn't climbing, I'd still be in bed around midday... It's helped me develop a routine... gets my brain working... helped lift my mood.”
Volunteering Inspiration	“In the last week or two I have begun thinking... whether I would consider doing something related to climbing... there could be value for me in doing something.”

6.4.7 Cohort 8 – Waterway Wellbeing Programme

Registration	Baseline /Pre survey	Disengage	Post Survey	Follow up
Cohort 8 (water Wellbeing): <ul style="list-style-type: none"> - UIN - Start date - How did you find out about us - MH diagnosis - Intro GSPE - What they want to get from the activity 	Officer: <ul style="list-style-type: none"> - Tick box survey - <u>SWEMWBS</u> - Multiple Group observations 	Officer: <ul style="list-style-type: none"> - Tracks engagement and asks reason for disengagement 	Officer: <ul style="list-style-type: none"> - After approx 6-12 sessions - Tick box <u>SWEMWBS</u> - Multiple Group Observations 	Officer: <ul style="list-style-type: none"> - Approx another 3 months after post survey - Tick box survey <u>SWEMWBS</u>

- Participants were more likely to suffer from survey fatigue as the provider asks participants to use online confidential feedback for them also.
- Fewer than expected participants responded to follow-up emails or texts.
- Varying programme lengths between 4–6-week structure made standardised follow-ups difficult. Many participants engaged in multiple outdoor activities, making traditional

pre/post-programme evaluation ineffective. A flexible, point-in-time approach is recommended, acknowledging past and ongoing nature engagement.

- Many participants were already involved in outdoor activities beyond Waterway Wellbeing, requiring restructured questions to reflect overall nature engagement rather than just programme impact.
 - Initially this programme lacked built-in social time, making data collection difficult. When surveys were introduced with protected time (e.g., offering free drinks in a sheltered café space after sessions), completion rates significantly increased.
 - Surveys were rarely completed post-activity at home, even with multiple reminders.
 - Data collection worked best when embedded within the session and supported by providers as a wellbeing tracking tool, rather than as an afterthought.
-

Appendix

The Value of the Green Social Prescribing Link Worker (SPLW) Role

1. Introduction

The Green Social Prescribing Link Worker (SPLW) Champion role was in place for a year during the first Green Social Prescribing (GSP) Test and Learn in 2023. This role integrates nature-based interventions within social prescribing, ensuring that individuals are effectively connected to green activities that improve well-being.

The initial proposal was co-produced with green providers of GSP, who recognised the significant impact the Green SPLW Champion role had in partnership with them. The result was enhanced promotion and uptake of green activities for patients. This collaboration improved health, wellbeing, reduced isolation, provided new skills, built friendships, and supported individuals in sustaining their independence. Additionally, it allowed for dedicated time to promote the Nottinghamshire Community Garden Network (NCGN) of 22 community garden sites across the county.

To continue building the proposal for this role, interviews were conducted with the Green SPLW Champion as part of building a case and developing the next steps for re-establishing the role and developing a network of other nature SPLW champion roles.

This proposal combines information data gathered in the initial GSP with reflections from the Green SPLW champion and the following steps to build on the work and role as part of GSPE system integration.

2. The Role and Its Impact

Key Responsibilities:

- Supporting individuals in accessing nature-based interventions.
- Educating individuals and referrers on the benefits of nature-connectedness.
- Strengthening provider relationships and ensuring appropriate referrals.
- Capturing and demonstrating the impact of green social prescribing.
- Promoting the Nottinghamshire Community Garden Network (NCGN) within Primary Care Networks (PCNs).
- Collaborating with local partners, stakeholders, and VSCE organisations to increase awareness and engagement with green activities.

Initial Proposal:

The initial proposal requested one full-time Mental Health contracted SPLW covering a PCN with a dedicated one day per week to the VCSE partnership. Timings were planned to incorporate the summer months for maximum impact during the growing season. The SPLW would focus on:

- Educating PCN staff on the benefits of Green Social Prescribing activities and available opportunities for patients.
- Acting as a dedicated point of contact for PCN staff to streamline patient referrals to green activities.

- Creating displays, drop-in sessions, and educational resources within surgeries for patients and staff.
- Being based at the Feel Good Gardens (FGG) site weekly, providing consistency for patient engagement and relationship-building.
- Working with local partners, stakeholders, and VCSE organisations to promote the garden network.
- Attending PPG meetings at surgeries to advocate for Green Social Prescribing benefits.
- Increasing awareness of green activities among community groups across the PCN area.
- Expanding referrals to green providers, strengthening volunteer networks, and developing activities.
- Utilising the FGG classroom space for workshops, education sessions, and PLT sessions.
- Maintaining social prescribing duties during winter months or adverse weather conditions.

Added Value of the Green Champion Role:

- **Higher engagement rates:** Participants are more likely to attend nature-based activities when guided by a knowledgeable and enthusiastic SPLW. This was reinforced by the high drop-off rate from the same team when the green champion wasn't in the post.

One participant stated, *"Having someone to walk alongside me at the start made all the difference—I wouldn't have turned up otherwise."*

- **Stronger provider relationships:** SPLWs play a crucial role in ensuring appropriate referrals, leading to better retention and outcomes for participants.

A provider mentioned, *"The SPLW helps us understand what participants need before they arrive, which means we can tailor the experience for them."*

- **More strategic referrals:** SPLWs can match individuals to activities that align with their needs, reducing inappropriate referrals.

A referrer noted, *"Before, we were just suggesting activities and hoping they fit—now, with the SPLW, we know it's the right match."*

- **Community engagement:** Encouraging social connection and volunteer-led initiatives that create a lasting impact.

One SPLW shared, *"Some participants start as service users but end up as volunteers, and that's when you see real change."*

3. Evidence & Lessons Learned

Observations from the Green SPLW:

- Nature-based interventions attract a diverse demographic, including individuals in their 50s, young people interested in growing food, and older adults waiting for seasonal changes.

- The flexibility of smaller providers enables greater adaptability to participant needs. As one SPLW put it, *"Some groups are brilliant at adjusting—if someone turns up anxious, they'll let them just observe until they're ready to join in."*
- The role of SPLWs extends beyond 'fixing' problems; it provides ongoing wellbeing support. A participant described it as, *"Not just a one-time thing—it's about learning to build it into your life."*

Challenges Identified:

- **Lack of capacity** limits providing hands-on support and handholding into nature-based interventions.

An SPLW commented, *"I wish we had more time to support people at the start because once they settle in, they really benefit."*

- **Many referrers lack awareness** of the sustained impact of nature-based activities, often viewing them as temporary 'fix' rather than an ongoing support mechanism.

One professional admitted, *"I used to think of it as just another activity—now I see it's a long-term mindset shift."*

- **Data collection tools** such as WEMWBS and ONS4 are not always suitable, with SPLWs preferring conversation-based approaches.

An SPLW explained, *"The numbers don't always tell the story—sometimes, it's what people say in conversation that shows the real impact."*

4. Future Considerations & Expansion

Scaling the Role:

- Establishing a structured **Green SPLW Champion network** across all areas to ensure consistent benefits.
- Leveraging existing **social prescribing services** keen to trial this model.
- **Winter planning** to maintain year-round accessibility to green interventions.

Potential for Other Thematic SPLW Roles:

- **Finance-focused SPLW** – Supporting individuals with financial wellbeing and cost-of-living support.
- **Creative & Heritage SPLW** – Connecting individuals to arts, history, and culture.
- **Physical Activity SPLW** – Promoting movement-based interventions tailored to different needs.
- **Spiritual Wellbeing SPLW** – Supporting mindfulness, faith-based connections, and existential wellbeing.

Green SPLW Champion – Key Qualities for Success

The role requires individuals who can:

- **Effectively network** across multiple stakeholders, from **MPs and GPs to social prescribing teams and the nature prescriptions.**

- **Be active listeners**, understanding stakeholders' needs and integrating **nature-based activities** strategically and as a direct intervention.
- **Demonstrate passion and enthusiasm**, as this directly influences **buy-in and uptake** of green interventions.
- **Build trust** through consistent, transparent communication.
- **Track impact rigorously**, ensuring data collection supports a **strong proposal** for the role.

Evidence & Data Collection

- A clear plan for capturing **qualitative and quantitative data** is essential to assess the model's effectiveness.
- **Logical data appeals to decision-makers**, but **stories and lived experiences move hearts**—both are crucial.
- The current SPLW experience highlights that **sharing passionate stories and patient testimonials (with consent)** has been highly effective. **Carrying a small notebook** for in-the-moment quotes has been useful.
- **Images and short clips**, where appropriate, can enhance engagement and awareness.

Operational Considerations

- **Engaging GPs and reception staff** is key—if reception teams can identify potential referrals early, **every GP appointment avoided represents a £45 saving**.
- Opportunities to **connect with NASP and Natural England** to support uptake and rollout.
- With **team capacity expected to increase**, the **current Green SPLW Champion can revisit practices** to strengthen relationships.
- Community nurses and other **GP staff should be included** in awareness-raising efforts.

Enablers & Opportunities

- **Growing support from GSPE** to develop and implement this model.
- NHS England & ICB cost-cutting presents an opportunity—while budgets are being reduced, there is still a **political emphasis on frontline investment**.
- **Innovative engagement strategies**, such as informal discussions over homemade **baked goods**, have proven effective in sparking conversations about green prescribing.

Barriers & Challenges

- **Current capacity constraints**—but this is set to improve soon.
- The need to **build visibility within GP practices**, ensuring patients understand **how emotions and social connections impact physical health**.
- Some **social prescribing services may need convincing**, requiring a **structured pilot and compelling impact data**.

Next Steps

- **Pilot the Green SPLW Champion model** with identified interested parties that can both strategically represent and those that can deliver.
- Use the evidence gathered to **build wider system support**.
- Explore opportunities for **SPLW-led training** to expand the role's reach and effectiveness.

By addressing these factors, the **Green SPLW Champion network** can become a scalable, impactful model that strengthens **social prescribing pathways and health outcomes**.

Supporting Evidence:

Integrating a Green Social Prescribing Link Worker (SPLW) Champion role into healthcare systems is supported by a growing body of research highlighting the benefits of nature-based interventions for health and wellbeing. Green social prescribing involves connecting individuals to nature-based activities to improve mental and physical health, facilitated by SPLWs who link people to community resources based on personalised needs.

[NHS England](#)

Evidence Supporting Nature-Based Interventions:

- **Mental Health Benefits:** Studies have demonstrated that engaging in nature-based activities can reduce symptoms of depression, anxiety, and stress, contributing to overall mental well-being.

[PubMed](#)

- **Physical Health Benefits:** Outdoor exercises, such as walking or gardening, have been associated with improved physical fitness and reduced risk of chronic diseases.

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- **Pain Reduction:** Exposure to natural environments has been linked to decreased pain perception, suggesting potential benefits for pain management strategies.

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Case Studies and Implementation:

The NHS has recognised the value of integrating green spaces within healthcare settings. For instance, the development of "recovery gardens" in hospitals provides staff, patients, and visitors with calming natural environments, aiding in stress reduction and recovery.

[The Guardian](#)

Additionally, the Walsall case study in the UK illustrates the practical application of Green Social Prescribing (GSP), where health professionals refer individuals to local nature-based activities, demonstrating the feasibility and benefits of such programmes.

[PMC](#)

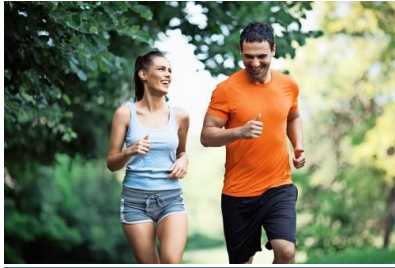
Strengthening the Proposal:

Recent Developments in Green Social Prescribing and Nature-Based Health Interventions



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[Green exercise: why an outdoor workout will make you fitter and slimmer](#)



['It brings you in and shelters you': NHS creates 'recovery gardens' for staff and patients](#)



[Take nature's painkiller by tuning in to David Attenborough](#)

Research highlights a strong link between nature-based recreation and mental health benefits, including reduced anxiety and depression, and improved cognitive function and overall well-being. (Lackey et al., 2021. *Mental Health benefits of nature-based recreation: a systematic review*. Source: *Annals of Leisure Research: Vol 24, No 3* (tandfonline.com))

Voice of the patient:

"I have noticed such a difference in my anxiety. I have found some confidence at last. I am getting back to the person I was, which was a person who would go out and join a group. The type of person to have a go at things. I had lost all of that. I now feel empowered and comfortable to attend the gardens on my own.

It's so important to communicate and be with other people, as we have lost that due to the pandemic and the current world. I can have my own space there but can be people if needed. Planting and growing is so important. Nature is so important."

Quotes from volunteers and users:

"I hate missing sessions here – it has helped my mental health no end. I sleep better and have fewer dark thoughts" T

"The gardens have helped me not to feel as low, and I have made friends here" – J

"I like the fresh air and food" – J

“It has helped with my horticulture course. Geoff has taught me so much about plants and how to plant seeds” - S

“I have a sense of community here, no one judges me” – withheld

Benefits to users and future patients accessing green activities:

- ✓ Friendship - Community spirit
- ✓ Learning to grow and plant
- ✓ Levels of physical activity rise
- ✓ Anxiety lessens- Enhances mood
- ✓ Empowerment - Improving self-worth
- ✓ Connecting with nature
- ✓ Feeling free to speak and able to have an opinion
- ✓ Teamwork (new builds/projects on site happen frequently)
- ✓ Fresh air
- ✓ Sleeping better
- ✓ Sharing stories and food that is grown on the land
- ✓ Inclusivity - Everyone is accepted
- ✓ Evidence of suicide prevention (FFG evidence)
- ✓ Medications lowered (FFG evidence)
- ✓ Reconnecting with the past and learning how to keep a garden
- ✓ Learning new building skills and sharing knowledge

5. Conclusion

The Green SPLW Champion role has demonstrated clear benefits, from increasing engagement in nature-based interventions to enhancing referral pathways and community connections. Expanding and formalising this role would amplify its impact and ensure long-term sustainability. By investing in a structured Green SPLW champion model and considering thematic SPLWs for additional wellbeing areas, social prescribing can better respond to evolving community needs and improve health outcomes across Nottingham city and county.