

**Invitation to Quote supporting information:****Greater Manchester's Nature for Health (GSP) Programme Delivery**Background

NHS Greater Manchester are inviting potential organisations to be a part of our Green Social Prescribing extension programme:

- **Developing a value-for-money model towards a cost-benefit analysis**, including exploring health service demand, costs and benefits of the interventions and ability to address health inequalities
- **Building models for sustainable funding**, including through activity provider collaboratives, shared investment models and procurement models that work for GSP

NHS Greater Manchester's GSP Model of Delivery; Key workstreams

1. **Targeted outreach and delivery for ethnic minority communities facing the biggest health inequalities:** Using Health Index Scores to prioritise geographic impact we will deliver programmes in the localities of **Manchester, Salford, Oldham, and Tameside**, all of which have consistently had the worst Health Index Score across Greater Manchester (detailed in 'Annex 1 – Health Data'). Rochdale, while also scoring incredibly low, will form part of the severe mental health workstream so will not be included in Workstream 2. We will commission three to four delivery partners in these priority localities, prioritising high quality delivery and data collection to achieve the best patient outcomes and quality data for an economic evaluation.
2. **Addressing severe mental health needs:** In collaboration with Pennine Care's Early Intervention Teams (EITs), we will identify patients with severe mental health issues who may benefit from a referral onto a green social prescribing programme. Individuals will participate in therapeutic horticultural activities such as food cultivation, garden care, tree planting, and bushcraft. From our previous programme experience, these activities have been proven to effectively support the recovery of mental wellness, within the protective framework of a professionally facilitated environment. We will deliver these programmes across three localities with around 40-60 participants in each locality across the year. This is to ensure the programmes are safe and effective, given the higher level of support required.
3. **GM-wide GSP Learning Network:** building on the success of our original programme, we will offer centralised learning and collaboration opportunities to organisations and individuals across the health system, the VCSE sector and the natural environment sector. We will bring people together to share ideas, discuss learning, and take part in organised workforce training events, thereby supporting and developing the sector as a whole, aiding longer term sustainability of delivery.
4. **Economic evaluation workstream:** A pivotal component underpinning our approach is a detailed economic evaluation encompassing cost analysis of our interventions, its return-on-investment, and effectiveness of resource allocation. Despite the challenge of conducting such an evaluation within a year, as well as using the programme outcome data from the

delivery of the programmes outlined in workstreams 1 and 2, the evaluation will also leverage existing GM health system data, interviews with key stakeholders including funders and commissioners, and will aim to incorporate insights from other recent related research.

### [Invitation to Quote for Delivery Partners: Workstream 1](#)

We are inviting you, as a valued green social prescribing provider, to put forward a proposal to be a delivery partner in Greater Manchester's second key workstream: **Targeted outreach and delivery for ethnic minority communities facing the biggest health inequalities**.

We have £90,000 of funding available for this workstream and anticipate funding 3-4 delivery partners in total across 3-4 localities. This means we expect each individual proposal to request up to a maximum funding amount of £30,000 (inclusive of VAT) to fulfil all requirements and criteria. It would be of benefit if you can demonstrate match-funding to enhance your ability to deliver and support your proposal.

As communicated in the above key workstreams, we are focusing our efforts on the localities of **Manchester, Salford, Oldham, and Tameside**. Proposals must focus on GSP referral activities and delivery of programmes within these localities. We understand this may be disappointing to organisations in the other localities, however, we are taking a targeted, data-driven approach which addresses the worst health inequalities which is a key outcome of the national programme.

You may submit your proposal as an individual organisation or as a partnership, if submitting as a partnership one organisation must be the 'lead' partner and make the submission on behalf of the other organisations. If a partnership proposal is successful the funding will go to the lead partner and the lead partner will become the main point of contact and responsible for all other partners. Since we have a very limited time to deliver GSP programmes as part of this funding, it is essential that you can demonstrate prior GSP delivery experience either individually or via your partnership. You will need to start programme delivery as soon as possible once funding has been received.

You should address each of the criteria within the stated maximum word count. The limit excludes any pictures or diagrams embedded within the text and references which should be provided at the bottom of each section. Content that exceeds the maximum word count will not be considered. Hyperlinks embedded within the text will not be followed.

The weighting for each section is provided alongside the criteria.

**Submission deadline:** you must submit your application by the end of day on **Friday 7<sup>th</sup> June 2024** (this has been extended from 4<sup>th</sup> June), submitting it to [gmhscp.pcca@nhs.net](mailto:gmhscp.pcca@nhs.net).

Whilst you may utilise AI to research and develop your proposal, you may not use AI output verbatim in your responses to each criterion. If it is deemed that your proposal has been created through significant copy/pasting from AI output, it will not be considered.

### [Requirements](#)

Successful delivery partners will be expected to meet the following requirements. Please consider these requirements carefully and ensure time/cost for these activities are built into your proposal and budget:

- a) You must partner with your local social prescribing scheme/s and other key referral pathways to raise awareness, offer referral opportunities, and ensure close working relationships are in place to enable and facilitate the referral process onto your GSP programme.
- b) Ensure you take all necessary steps to increase referral pathways for suitable individuals from ethnic minority backgrounds, including faith organisations, community hubs, job centres etc.
- c) To deliver GSP programmes on a regular basis with the capacity to offer a minimum of 100 places for individuals from ethnic minority backgrounds who are suffering from, or at risk of developing, mental health problems. These places and programmes must be delivered between the start of the programme and 31<sup>st</sup> March 2025.
- d) Referrals from ethnic minority backgrounds can be put into GSP groups with people from different demographic backgrounds, however we will need to understand the makeup of the groups demographics to understand the impact this has on outcome measures.
- e) Ensure GSP activities are co-designed and developed with a lived-experience perspective.
- f) Make best endeavours to encourage participants to attend programmes regularly for the duration of their intervention. Your organisation may be required to implement measures where these items become a problem.
- g) We are open to innovative models of delivery but anticipate each programme will be delivered over at least 8-12 weeks in duration.
- h) You must engage with the central NHS GM team on GSP initiatives including documenting learning and sharing news about programme development.
- i) Work with NHS GM central programme team to implement practical techniques for engaging and increasing green social prescribing access for our target groups.
- j) Take part in, and contribute to, monthly GSP Programme Steering Group meetings.
- k) Since this workstream is about **developing a value-for-money model towards a cost-benefit analysis** of GSP programmes, it is vital that you work closely and collaboratively with the NHS GM's Evaluation Partner, assisting with all requests for programme delivery information including, but not limited to, financial operational costs, participant information, outcome measures etc. as well as meeting regularly to assist with the success of the evaluation.
- l) To meet requirement (j), you must collect high quality and complete programme participant information and participant outcome measures (pre- and post-intervention) as detailed in Annex 2 – data. Whilst it should not be a mandatory requirement for programme participants to provide this information to be eligible for a GSP intervention, every effort should be made to allay concerns and to ensure they understand the purpose of this data to improve quality and evidence impact. This anonymised data will need to be shared with the NHS GM Team, the GM Evaluation Partner, and the National Evaluation Partner. We will ensure robust data sharing agreements are in place that abide by The Data Protection Act 2018.
- m) To improve data collection and quality, you must ensure delivery staff are sufficiently trained on best practice data collection methods and handling of participant information and outcome measures. A training session will be put on by the NHS GM team for key delivery partner staff, this training must be attended by all members of staff who may be collecting data or recording outcome measures.  
Whilst the NHS GM team will work supportively where needed to improve data collection and quality, special measures may be required where data is not being recorded

satisfactorily. This may include mandatory additional training and additional programme management review meetings.

- n) Assist the national GSP programme with ad-hoc requests to share learning and awareness of the programme by participate in workshops and other forums.
- o) Take measures throughout the programme to ensure longer term impact and sustained GSP delivery, wherever possible, this may include:
  1. Investing in community and volunteer development and infrastructure around green interventions.
  2. Seek to align existing local assets and resources such as staff, parks, and allotments to support this project and commit to this for the long term.
  3. Seeking out further funding to sustain GSP delivery.

## How proposals will be scored

NHS GM will use the following criteria to score proposals. Each criterion will be scored from 1-5 (see Annex 3 – Scoring system) and totalled using the given criteria weightings. The top scoring proposal from each target locality will be awarded a proportion of the total available funding.

Section	Criteria
<b>1) Evidence of a clear understanding of the green social prescribing extension programme and what it is aiming to deliver</b> (Weighting – 10%)	a) Demonstrate your understanding of how your local programme will fit into the broader green social prescribing extension programme for Greater Manchester. b) Describe which referral partners you plan to work with and the nature of these relationships, including how your referral process will work.
<b>2) Targeting programme participants from ethnic minority backgrounds facing the worst health inequalities</b> (Weighting – 20%)	a) Explain which communities within your locality you have identified with high levels of deprivation and health inequality, and where they are. This should include details of targeting groups who have disproportionate risk of developing mental health problems, such as people from ethnic minority backgrounds. b) Describe how your proposed project supports and benefits those who are experiencing (or more likely to experience) mental and physical health difficulties. c) Explain the ambition, reach and potential impact of your site’s work and how you will monitor and manage progress with Greater Manchester’s green social prescribing programme aims.
<b>3) System and partnership approach and methodology</b> (Weighting – 20%)	a) Give details of each partnership organisation included in your project (e.g. statutory orgs., link workers, social prescribing schemes, local council, grass roots organisations etc.), how they have been engaged in your wider work to date, and what they will contribute to your proposal. b) Explain how you will seek to maximise partnership working with the identified stakeholders throughout the programme. c) Explain your governance and reporting arrangements and how you will ensure your local partners will work cohesively together.

Section	Criteria
<p><b>4) Relevant experience and ability to deliver</b> (Weighting – 20%)</p>	<ul style="list-style-type: none"> <li>a) Describe your current green social prescribing activities and how you plan to build on this for this programme.</li> <li>b) Explain your approach to co-designing green interventions, including your programme structure (i.e. frequency, scale, anticipated number of places etc.) and likely programme activities.</li> <li>c) Provide a high-level timeline of your plans to commence the project from May/June 2024 through to 31<sup>st</sup> March 2025, how do you propose to resource this, including any existing capacity that may be used.</li> </ul>
<p><b>5) Participant data collection and outcome monitoring</b> (Weighting – 20%)</p>	<ul style="list-style-type: none"> <li>a) Describe your experience capturing participant information, including demographic information, and recording outcome measures from similar types of programmes.</li> <li>b) How will you ensure that the required data will be captured robustly and fully as part of this programme. Ensure you have referred to Annex 2 for the data requirements. Include any training and quality assurance processes you will administer.</li> <li>c) What systems will you use to capture and record data.</li> <li>d) Describe challenges you have experienced in the past around robust data collection and what measures you implemented to overcome these.</li> </ul>
<p><b>6) How your funding will be utilised, and value for money</b> (Weighting - 10%)</p>	<ul style="list-style-type: none"> <li>a) Providing a high-level budget, explain how you will utilise your requested funding (i.e. staffing costs, equipment, programme management etc.).</li> <li>b) Include any match-funding or in-kind time that you will be able to contribute.</li> <li>c) What steps will you take throughout this programme to ensure longer term sustainable delivery.</li> </ul>

### Next steps

All proposals will be assessed and scored from 10<sup>th</sup> June 2024. We will notify all organisations and partnerships of the outcome hopefully the same week.

NHS GM will then work with successful delivery partners to put in place an MOU shortly following being notified of the outcome. NHS GM will provide the full amount of funding upfront as soon as practicably possible once the MOU is in place.

Since the national programme only runs through to 31<sup>st</sup> March 2025 it is imperative that we start delivery as quickly as possible. We would like GSP programmes to begin by no later than June 2024, earlier if possible, to make the most of the remaining financial year and the summer season, in particular.

## Annex 1 – Health Data

Health Index in England 2021

### Greater Manchester Areas: Health Index Scores (table)



The Health Index was designed by the Office for National Statistics (ONS), with the support of health experts, to present a single number measuring the health of an area. This value is calculated from many different measures of health, focusing on the drivers of health rather than direct measures of health services. This value is 'indexed' against the England Average in 2015: a value of 100 indicates that this area has the same general health as England had in 2015, with higher scores meaning generally better health, and lower scores meaning generally worse health.

Area Name	2015	2016	2017	2018	2019	2020	2021
Trafford	111.1	111.4	111.5	109.4	113.2	110.9	111.3
Stockport	103.3	105.1	106.3	107.8	104.7	104.2	105.4
England	100.0	100.5	100.9	100.9	100.9	100.1	100.8
Wigan	100.3	99.2	99.8	99.8	100.0	95.1	100.5
North West	95.8	96.3	97.2	97.1	97.2	96.2	96.4
Bury	99.3	99.7	100.1	99.5	101.9	97.8	96.3
Bolton	95.1	95.0	94.8	94.5	94.6	93.9	94.5
Tameside	90.9	91.5	92.5	93.2	93.1	91.0	93.8
Greater Manchester	93.0	93.3	94.2	93.8	94.4	92.6	93.7
Oldham	92.3	92.8	94.3	91.0	91.3	92.9	91.1
Rochdale	90.2	91.7	92.3	90.2	92.6	90.7	91.0
Salford	85.2	85.3	86.0	85.0	86.5	85.5	83.5
Manchester	77.7	78.2	80.0	80.8	81.3	79.5	81.8

Data sourced from Health Index in England. For more information, see: <https://blog.ons.gov.uk/2023/06/09/the-health-index-2021-taking-a-deep-dive-into-the-nations-health/>

#### Underlying indicators used in total Health Index Scores:

Healthy People Domain, Difficulties in daily life (Pe), Disability (Pe1), Frailty (Pe1), Mental health (Pe), Children's social, emotional and mental health (Pe2), Mental health conditions (Pe2), Self-harm (Pe2), Suicides (Pe2), Mortality (Pe), Avoidable mortality (Pe3), Infant mortality (Pe3), Life expectancy (Pe3), Mortality from all causes (Pe3), Personal well-being (Pe), Activities in life are worthwhile (Pe4), Feelings of anxiety (Pe4), Happiness (Pe4), Life satisfaction (Pe4), Physical health conditions (Pe), Cancer (Pe5), Cardiovascular conditions (Pe5), Dementia (Pe5), Diabetes (Pe5), Kidney and liver disease (Pe5), Musculoskeletal conditions (Pe5), Respiratory conditions (Pe5), Healthy Lives Domain, Behavioural risk factors (L), Alcohol misuse (L1), Drug misuse (L1), Healthy eating (L1), Physical activity (L1), Sedentary behaviour (L1), Sexually transmitted infections (L1), Smoking (L1), Children and young people (L), Early years development (L2), Pupil absences (L2), Pupil attainment (L2), Teenage pregnancy (L2), Young people in education, employment and apprenticeships (L2), Physiological risk factors (L), High blood pressure (L3), Low birth weight (L3), Overweight and obesity in adults (L3), Overweight and obesity in children (L3), Protective measures (L), Cancer screening attendance (L4), Child vaccination coverage (L4), Healthy Places Domain, Access to green space (PI), Private outdoor space (PI1), Access to services (PI), Distance to GP services (PI2), Distance to pharmacies (PI2), Distance to sports or leisure facilities (PI2), Internet access (PI2), Patients offered acceptable GP practice appointments (PI2), Crime (PI), Low-level crime (PI3), Personal crime (PI3), Economic and working conditions (PI), Child poverty (PI4), Job-related training (PI4), Unemployment (PI4), Workplace safety (PI4), Living conditions (PI), Air pollution (PI5), Household overcrowding (PI5), Noise complaints (PI5), Road safety (PI5), Rough sleeping (PI5)



Annex 2 – Programme data requirements

It is possible this dataset may change, subject to requirements from the national evaluation team. If this were to occur, we would not expect significant changes. It is likely we will adopt SWEMWBS as the preferred outcome measure.

Project Code / Name		
Unique reference number		
Referral source		
Referral date		
Reason for referral		
Was the referral appropriate	Yes	
	No	
Post code		
Housing status		
Age	Under 18	55-59
	18-24	60-64
	25-29	65-69
	30-34	70-74
	35-39	75-79
	40-44	80-84
	45-49	85+
	50-54	
Gender	Female	
	Male	
	Non-Binary	
	Transgender	
	Prefer not to say	
	Other	
Ethnicity	White - English, Welsh, Scottish, Northern Irish or British	Any other Mixed or multiple ethnic background
	White - Irish	Asian/Asian British - Indian
	White - Gypsy or Irish Traveller	Asian/Asian British - Pakistani
	Any other White background	Asian/Asian British - Bangladeshi





	White and Black Caribbean	Asian/Asian British - Chinese
	White and Black African	Any other Asian background
	White and Asian	Black/Black British - African
	Any other Mixed or multiple ethnic background	Black/Black British - Caribbean
Nature based activity type	Horticultural	Bush craft
	Wilderness	Talking therapies delivered in a natural setting
	Conservation	Care farming
	Sport-based	Nature connection activity i.e. forest bathing
	Exercise focused	Other:
	Alternative therapies e.g. mindfulness activities, spiritual retreats	
Date of first programme attendance		
Date of last programme attendance		
Number of sessions attended	1	
	2-5	
	6-10	
	11-15	
	16-20	
	Over 20	
Did they transition onto another activity	Yes	No
if yes, what type of activity did they transition onto?		
Level mental health needs (self-reported)	Low	



	Medium	
	High	
Level of physical activity (self-reported)	Low	
	Medium	
	High	
Informed consent to use data in this evaluation	Yes	No

<u>SWEMWBS</u>					
I've been feeling optimistic about the future	None of the Time	Rarely	Some of the Time	Often	All of the Time
I've been feeling useful	None of the Time	Rarely	Some of the Time	Often	All of the Time
I've been feeling relaxed	None of the Time	Rarely	Some of the Time	Often	All of the Time
I've been dealing with problems well	None of the Time	Rarely	Some of the Time	Often	All of the Time
I've been thinking clearly	None of the Time	Rarely	Some of the Time	Often	All of the Time
I've been feeling close to other people	None of the Time	Rarely	Some of the Time	Often	All of the Time
I've been able to make up my own mind about things	None of the Time	Rarely	Some of the Time	Often	All of the Time

<u>ONS4</u>										
Overall, how satisfied are you with your life nowadays?	1	2	3	4	5	6	7	8	9	10
Overall, to what extent do you feel that the things you do in your life are worthwhile?	1	2	3	4	5	6	7	8	9	10
How happy did you feel yesterday?	1	2	3	4	5	6	7	8	9	10
On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?	1	2	3	4	5	6	7	8	9	10



Annex 3 – Scoring system

Proposals will be scored using the following scoring system.

Points	Interpretation
5	<b>Exceptional Response</b> - Exceeds the requirement. Exceptional demonstration by the applicant of the relevant ability, understanding, experience, skills, resource and quality measures required to provide the supplies/services. Response identifies factors that will offer potential added value, with evidence to support the response.
4	<b>Good Response</b> - Satisfies the requirement with minor additional benefits. Above average demonstration by the applicant of the relevant ability, understanding, experience, skills, resource and quality measures required to provide the supplies/services. Response identifies factors that will offer potential added value, with evidence to support the response.
3	<b>Meets Minimum Requirements</b> - Satisfies the requirement. Demonstration by the applicant of the relevant ability, understanding, experience, skills, resource and quality measures required to provide the supplies/services, with evidence to support the response. The described requirement is offered.
2	<b>Minor Reservations</b> - Satisfies the requirement with minor reservations. Some minor reservations of the applicant's relevant ability, understanding, experience, skills, resource and quality measures required to provide the supplies/services, with little or no evidence to support the response.
1	<b>Serious Reservations</b> - Satisfies the requirement but there are major reservations. Considerable reservations of the applicant's relevant ability, understanding, experience, skills, resource and quality measures required to provide the supplies/services, with little or no evidence to support the response.
0	<b>Very Poor or Unacceptable Response</b> - Does not meet the requirement. Does not comply and/or insufficient information provided to demonstrate that the applicant has the ability, understanding, experience, skills, resource and quality measures required to provide the supplies/services, with little or no evidence to support the response.