ECONOMIC EVALUATION OF THE GREATER MANCHESTER NATURE FOR HEALTH PROGRAMME

SUMMARY

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1. Programme Context & Delivery

Between 2021 and 2025, the Greater Manchester Green Social Prescribing programme operated as a national 'Test and Learn' site to understand whether prescribing nature-based activities can reduce health inequalities and treat mental ill health. While the initial phase (2021-2023) focused on broad testing, the subsequent 'Extension' phase (2024-2025) refocused on proving value for money, intentionally targeting delivery towards individuals with severe mental illnesses (SMI) and ethnic minority communities facing the worst health inequalities.

This document summarises the findings included in the independent economic evaluation conducted by Edge Hill University and commissioned by NHS Greater Manchester, which covers the extension period. The evaluation findings aims to support policymakers and healthcare commissioners in making informed decisions regarding the adoption and scaling of Green Social Prescribing and Geen Health initiatives.

Methodology

To ensure robust and actionable findings, the evaluation used a mixed methods approach to investigate how, why and for whom Green Social Prescribing works and the economic benefit. This comprehensive approach included:

- **Systematic Scoping Review:** A review of 28 existing economic evaluations to understand the context in which economic evaluations took place and the economic evaluation methods used.

- **Collaborative Inquiry Framework (CIF):** Used to actively engage stakeholders, including service commissioners and service providers to understand the expected delivery outcomes for Green Social Prescribing.

- **Cost-Benefit Analysis:** A specific analysis to ascertain the overall economic benefit and costs of the programme delivery.

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By combining these technical insights with the programme's strategic context, the evaluation provides the evidence base required to support learning and decision making as the system transitions to the Live Well model.
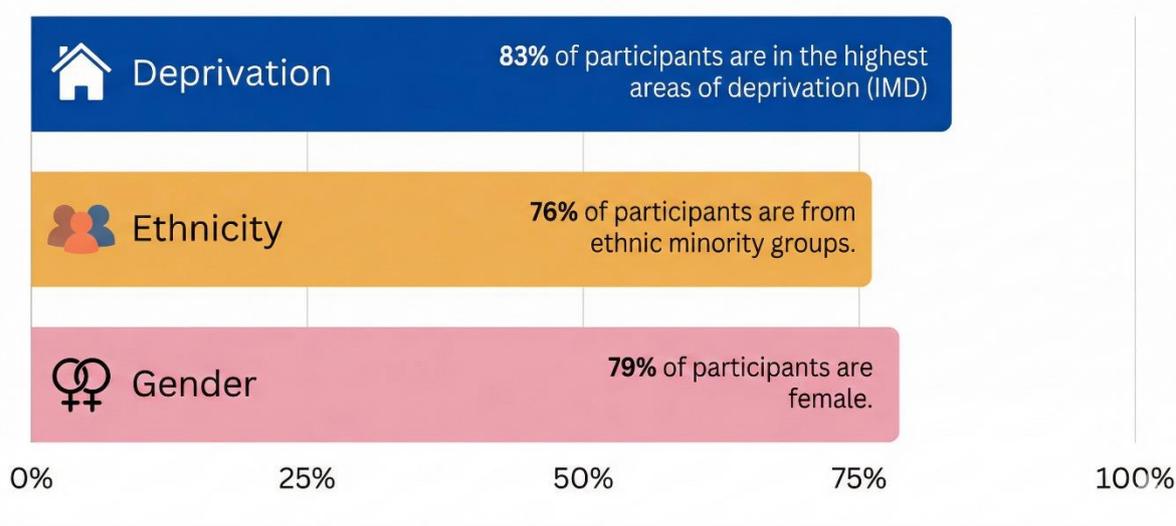
Reach and Demographics

The programme's extension phase was designed with a particular strategic focus. Moving beyond broad engagement, it implemented targeted outreach strategies to support two specific cohorts: individuals with Severe Mental Illness (SMI) and ethnic minority communities residing in areas with the lowest Health Index Scores in Greater Manchester.

This targeted approach was delivered through two distinct workstreams:

- **SMI Pathway:** A collaboration with Pennine Care's Early Intervention Teams involving Lancashire Wildlife Trust (Bury), Groundwork Greater Manchester (Stockport), and Petrus (Rochdale).

- **Health Inequalities:** A targeted focus on ethnic minority communities delivered by Manchester Mind (Manchester), Northern Roots (Oldham), and START in Salford (Salford).

The evaluation data confirms that this strategy successfully engaged the intended populations, with the programme reaching the right population across all key metrics.

Deprivation — **83%** of participants are in the highest areas of deprivation (IMD)

Ethnicity — **76%** of participants are from ethnic minority groups.

Gender — **79%** of participants are female.

2. Key Findings: Impact and Economic Value

The economic evaluation utilised data from 136 patients with pre- and post-SWEMWBS outcomes to ascertain the overall benefit and costs of the programme delivery. The findings provide robust evidence that the programme is both clinically effective and economically viable.

Economic Value

A cost-benefit analysis was undertaken to ascertain overall costs of the individual programme delivery. The analysis accounted for 27% deadweight—the changes in wellbeing that would have happened regardless of the programme.

- **Cost:** The self-reported total costs for all delivery partners, including overheads, amount to £130,433, resulting in an average total cost of **£959.07 per patient**.

- **Net Social Impact:** The evaluation calculated social value in two ways. While the basic average model suggests a net benefit of £452.02, a more precise calibration based on individual starting points reveals a significantly higher value. On average, the net social impact per patient after accounting for deadweight is **£2,529.91 which highlights a positive net social benefit**.

Metric	Programme Average
Avg. Pre-Intervention Social Value	£18,893.65
Avg. Post-Intervention Social Value	£23,673.09
Difference	**+£4,779.44**
Avg. Net Social Impact	**+£2,529.91**
Peak Net Social Impact	**+£4,932.66**

Adjusted Cost Perspective

It is important to note that the primary cost calculation is conservative. The average cost of £959.07 is based only on the 136 participants with complete pre- and post-outcome measures, which—whist required as part of the rigor of the evaluation—overstates the genuine cost.

- When distributing the total operational cost across all 254 engaged participants, the average cost drops to **£515.55**.
- Applying this lower cost base increases the return on net social value, raising the potential benefit range to between **£895.72 and £2,973.43** per person.

3. Impact on Mental Health

The primary aim was to improve mental health through nature-based interventions. The data confirms a highly significant positive shift in wellbeing:

SWEMWBS Outcomes

Measure	Pre-Intervention	Post-Intervention	Change	Significance
Avg. Score	22.63	27.57	+4.94	$p < 0.001$

- **Targeting Need:** The evaluation found that those with the highest level of mental health need are benefitting the most from Green Social Prescribing.
- **Physical Co-benefits:** While the focus was mental health, 17% of participants reported an elevated level of physical health need upon entry. The evaluation notes that the programme delivered a positive impact on physical outcomes alongside wellbeing improvements.

Data Collection Challenges

Feedback from delivery partners—which did not inform the formal evaluation—suggest that variance in outcome scores should be viewed against operational challenges, particularly language barriers and translation which impacted understanding of why data was being collected as well as the quality of data returns, which often required time-consuming volunteer interpretation. Additionally, smaller organisations often relied on manual data capture, such as photographing paper documents, creating further logistical barriers to consistent reporting.

Drivers of Success

The evaluation used regression analysis to understand what drives these positive outcomes. This analysis strongly suggests that attending more Green Social Prescribing sessions contributes to better mental health outcomes for patients. Indicating that sustained engagement delivers greater value than lighter-touch interventions.

4. Stakeholder Engagement & Challenges

To understand the wider context of delivery, the evaluation convened two stakeholder events involving service commissioners and providers. These discussions revealed a strong consensus that the true value of Green Social Prescribing extends beyond what is easily measured, alongside clear feedback on the systemic barriers to capturing that value.

"Being Brave" and the Ripple Effect

Stakeholders frequently described the impact of nature-based interventions as having "ripple effects" or "domino effects" that reach far beyond the immediate participant.

- **Wider Impact:** Participants noted that the impact and the value is not just for individuals, but it is for communities and for the wider systems as well.

- **The Measurement Gap:** This led to discussions regarding the difficulty of quantifying these unintended consequences, such as the positive impact on a participant's family or their readiness for employment.

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- **Call to Action:** Stakeholders suggested that the system needs to be more ambitious in how it defines success: "Maybe we need to be bold and brave and think about collecting a range of different types of data... and saying what's important to everybody".

5. Evaluation Challenges

The economic evaluation was rigorous but faced hurdles, highlighting the systemic difficulties of monitoring interventions in complex community settings.

- **Data Gaps:** The evaluation faced challenges due to incomplete data sets, missing information, and small sample sizes. For example, while 197 observations were recorded, only 136 had the necessary pre- and post-intervention records required for the cost-benefit analysis.

- **System Integration:** There was a noted difficulty accessing objective health outcomes for Green Social Prescribing users. Furthermore, relying on self-reported healthcare usage introduces a risk of recall bias.

- **Vulnerability & Trust:** Collecting data from vulnerable groups, particularly those with mental ill health, is sensitive. The evaluation notes that the stigma associated with mental ill health means that quality data depends heavily on the relationship between the researcher and the participant.

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Strategic Barriers

- **Short-termism:** Stakeholders and evaluators alike noted that funding is short term and hence so are projects. This creates a barrier to longitudinal research, making it hard to consolidate data and track the long-term, generational shifts in health that these programmes aim to deliver.

- **Standardisation:** A major hurdle identified in the scoping review was the lack of a standardised model for economic evaluation in this sector. The review found significant variations in how benefits were calculated, making it difficult to compare the economic value between programmes.

6. Recommendations

The evaluation report outlines specific technical recommendations to strengthen the evidence base for Green Social Prescribing, while the programme report translates these findings into strategic actions for the Greater Manchester health system.

Evaluation & Data Recommendations

To support the national scale-up of Green Social Prescribing, the evaluation emphasises the need for robust, standardised data practices:

- **Standardisation:** There is a need to agree standard outcome measures which also includes ONS4 alongside SWEMWBS to ensure consistency and leverage future funding. The development of specific tools for Green Social Prescribing would allow for more sensitive economic evaluations.

- **Data Integration:** Data systems must be better integrated, as evaluators noted difficulty accessing objective health outcomes for GREEN SOCIAL PRESCRIBING users. Future evaluations should consider combining data from multiple providers to create larger, more robust datasets.

- **Workforce Support:** Recognising the complexity of the cohort, training and education are necessary for delivery partner staff to collect data from vulnerable groups. Programmes should build in appropriate time for staff to develop the trusted relationships required to capture this sensitive data.

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System-Wide Policy Recommendations

Distinct from the commissioned evaluation, the programme findings outlines a strategy for securing the legacy of this work:

- **Integration with Live Well:** Green Social Prescribing should be considered as a key component of locality Live Well plans, embedding nature-based solutions into facility design and support offers. Green Health workforce training is required to meet prevention and inequality goals, allowing Live Well roles to confidently use and refer to nature-based programmes.

- **Commissioning for Sustainability:** The short-term nature of funding was identified as a major barrier by both evaluators and stakeholders. The system should move away from short-termism by prioritising multi-year, full-cost recovery funding for VCFSE partners. This stability is required to support the extended duration of programmes needed to capture longitudinal impact data.

- **Strengthening Pathways:** Referrals rely on trust. VCFSE partners should be recognised as essential infrastructure, with resources allocated to build relationships with clinical teams.