

GREATER MANCHESTER'S GREEN SOCIAL PRESCRIBING PROGRAMME:

A JOURNEY OF CONNECTION, WELLBEING, AND SYSTEMIC TRANSFORMATION (2021-2025)



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Executive Summary

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 by treating mental ill health.

The programme has now delivered a validated, cost-effective model for improving mental health, addressing deep-rooted health inequalities, and delivering a **net economic benefit of up to £4,933 per person** based on the monetised value of statistically significant wellbeing improvements. This report presents the evidence of its impact and outlines a clear pathway for integration of Green Health within the wider Greater Manchester health system.

The economic figure is not an abstract calculation; it is the tangible result of many personal successes like Andy’s. When Andy first joined the programme, he was out of work and his mental health was suffering. Working on an allotment, he rebuilt his confidence and social skills. Today, Andy is back in employment and still attends on his day off, saying, *"This is a reason to get up"*.



FIGURE 1: NHS GM'S GSP EVALUATION RESULTS

Supported by HM Treasury's Shared Outcomes Fund, the programme was delivered across two distinct phases. The initial 'Test and Learn' phase (2021-2023) saw over 1,300 residents participate, contributing to national findings that showed statistically significant improvements in mental wellbeing. An 'Extension' phase (2024-2025) then refocused on proving value for money and building sustainable funding, intentionally targeting delivery towards individuals with serious mental illness (SMI) and ethnic minority communities facing the worst health inequalities.

The programme has established a significant legacy. It has built strong, cross-sector collaborations and successfully integrated Green Health principles within core Greater Manchester strategies, including the Greater Manchester Strategy, NHS Population Health Strategy and the GM Green Plan. We also gained invaluable insights from the challenges faced, particularly the complexity of data collection and the urgent need to move beyond short-term funding cycles.

The momentum and evidence from this programme provide a tested model for the shift taking place in Greater Manchester right now: a move towards preventative, community-led health. It delivers precisely what is now mandated by our most current strategies, from the national 10 Year Health Plan to the GM Primary Care Blueprint.

The Green Social Prescribing programme offers a proven model that we should now fully embed in the Live Well movement, demonstrating how these high-level strategic ambitions can be delivered effectively at a neighbourhood level.

1. Introduction & Context

What is Green Social Prescribing?

As health systems grapple with the ever-growing complexity of mental illness and chronic disease, one of the most powerful solutions is surprisingly simple. It is found not in a clinical setting, but in our parks, gardens, and waterways—the therapeutic power of the natural world. This shift is firmly codified in global health policy; the 2024 update to the [Compendium of WHO and other UN guidance on health and environment \(Chapter 8\)](#) positions nature-based interventions as core components of disease prevention and mental health protection.

Green Social Prescribing provides a flexible model, working as both a supporting measure alongside conventional healthcare and as a powerful alternative that extends beyond it. Nature-based interventions, though not new, are seeing a revival alongside a growing focus on nature connectedness. A professional, like a Social Prescribing Link Worker, works with someone to connect them with nature-based community groups and activities, thereby enhancing their mental and physical health. As defined by NHS England, it "includes both what is known as green and blue activities. These could include local walking schemes, community gardening projects, conservation volunteering, green gyms, open water swimming or arts and cultural activities which take place outdoors" (NHS England, 2023).



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The whole-person approach is not just a nice idea, it is backed by a growing body of evidence. A major 2025 meta-analysis of nearly one million people found that engaging in clusters of healthy lifestyle behaviours—including physical activity, diet, and sleep—was strongly associated with fewer symptoms of depression and anxiety, concluding that a holistic consideration of a healthy lifestyle, rather than a fragmented view of its individual components, is important (Bourke, M. et al., 2025). Green Health represents a practical application of this principle, serving as a catalyst for a spectrum of positive lifestyle modifications. Furthermore, Green Health’s accessible physical activity—through conservation, gardening, wheeling and walking—has a preventative role in to play tackling long-term health conditions such as Type 2 diabetes and chronic cardiovascular disease.

A note on Terminology

While this report uses terms such as ‘Green Social Prescribing’, ‘Green Health’, and ‘Nature-based Interventions’ interchangeably, a functional distinction exists. Strictly speaking, Green Social Prescribing is the referral mechanism—the bridge connecting a person, typically from primary or secondary care to a community provider. Green Health (or Nature-based Interventions) defines the skilled act of delivering therapeutic activities that utilise the natural environment to improve wellbeing and physical health—supporting both prevention and recovery.

The Potency of Nature as a Setting for Health

A core principle of our programme is that the natural environment is not just a passive venue—it is the enabler of the outcomes.

Offering services in parks, waterways, and allotments creates a uniquely non-clinical, non-stigmatising environment. This is more than just being welcoming. It's a neutral ground where someone who feels daunted by a formal setting can stand shoulder-to-shoulder with a volunteer.

The activities themselves—clearing an overgrown plot, planting food, or managing a woodland—provides an immediate, tangible sense of purpose. This setting is what makes it possible for people to rebuild their confidence and relearn social skills naturally, without the pressure of a clinical appointment.

As Sarah-Jane Tarn, Nature & Wellbeing Officer for the Lancashire Wildlife Trust, puts it, *"The sessions provide a bridge to the natural world...over a period of time, the sense of calm and inspiration that nature can bring, helps our participants grow in confidence. It is a lovely thing to witness and be part of"*. This observed, personal impact is reflected at a population scale. The 2025 [Greater Manchester Residents' Survey](#) found a direct correlation between dissatisfaction with the local area and poorer mental wellbeing outcomes, such as low life satisfaction and high anxiety. This suggests that the quality of the local environment has a direct measurable link to the mental health of the population, making the case for investment in green spaces as a direct public health strategy.

A National Programme, A Greater Manchester Opportunity

The national '[Preventing and Tackling Mental Ill Health through Green Social Prescribing](#)' programme was a £5.77m cross-governmental initiative funded by HM Treasury's Shared Outcomes Fund. It aimed to test how Green Social Prescribing could be expanded to improve mental health, mitigate health inequalities, and lessen demand on the health and social care system.

Greater Manchester was a suitable selection as a 'Test and Learn' site. The city-region faces considerable health challenges, characterised by entrenched inequalities. The [2025 Indices of Deprivation](#) (IMD) show this challenge has intensified. Over 733,000 residents (25.2% of the population) now live in the 10% most deprived areas nationally. This deprivation is acutely felt in health terms; the new data shows that 24% of Greater Manchester's small areas (LSOAs) fall into the most deprived decile nationally for health and disability. Of all people in England living in that bottom decile, around one in seven live in Greater Manchester. With Manchester ranked the 5th most deprived local authority in England for health, the need for a targeted, non-clinical model to improve wellbeing is clear.

The opportunity for new and improved natural space in Greater Manchester remains clear. Recent survey data indicates that parks and other green spaces are the city-region's most highly-rated local facility, with 71% of residents reporting satisfaction ([GM Residents' Survey, 2025](#)). This high value is matched by a clear public mandate for more; a separate consultation for the Greater Manchester Strategy found that a quarter of residents wanted 'more green spaces, parks and leisure facilities'. This shows that investing in nature-based programmes isn't a niche interest. It's a strategic move that builds on an important public asset that people want more of.

Our Vision and Aims

Our vision was ambitious but clear: to bring together the city-region's established green sector and its social prescribing network to improve health and wellbeing whilst reducing inequalities. It is a vision that now finds its clear expression in the new [Greater Manchester Strategy's](#) goal of becoming 'a thriving city region where everyone can live a good life'. The objective was to establish a collaborative, scalable model that would integrate Green Health as a routine component of health and care, with the ultimate aspiration for all health practitioner roles to incorporate nature-based interventions into their standard practice with the same frequency as medicinal prescriptions.

This ambition to move beyond purely clinical settings and proactively support wellbeing within communities is now the bedrock of national and local health strategy. [England's 10 Year Health Plan](#) has set a new direction for the entire NHS, built on three radical shifts: from hospital to community, from analogue to digital, and from sickness to prevention. You can see this national vision in Greater Manchester's own strategies, from our Joint Forward Plan to our role as a national Prevention Demonstrator, all of which are designed to create a system that keeps people healthy without having to leave their neighbourhoods.

The aims of the Green Social Prescribing programme are a direct and practical expression of the system's most critical priorities: to directly address Greater Manchester's health inequalities and enhance the mental wellbeing of its residents by delivering a proven, preventative, community-based led approaches.

This ambition directly supports with the vision of the [Greater Manchester Strategy \(2025\)](#), which explicitly states the goal of creating a place where people live healthy lives within a 'flourishing natural environment'.

2. The Green Health Journey in GM

Greater Manchester's Green Social Prescribing programme evolved over three distinct periods, each with its own focus, challenges, and successes.

Phase 1: Test and Learn (January 2021 - March 2023)

January 2021: The programme began with Greater Manchester's successful bid for inclusion in the national 'Test and Learn' initiative.

February 2021: A localised procurement process was promptly initiated to identify suitable delivery partners.

March 2021: Five delivery partners were commissioned: Lancashire Wildlife Trust, Sow the City, Petrus, and Salford CVS acting as the local lead partners, with City of Trees providing a Greater Manchester-wide learning programme and network.

April 2021 - March 2023: The programme was successfully delivered over a two-year period, engaging over 1,300 residents in Green Health activities.

Late 2022 - Early 2023: The national evaluation highlighted major problems with collecting consistent data across all pilot sites. This resulted in the national application for additional funding being unsuccessful due to concerns about the ability to prove the national programme's value-for-money.

The Interim Period: Bridging the Gap (April 2023 - May 2024)

April 2023: Recognising the programme's value and momentum, NHS Greater Manchester provided interim funding to keep it running at a reduced level for the 2023/24 financial year.

2023-2024: The Greater Manchester Nature for Health Steering Group maintained its meetings, actively looking for other funding and sharing learning to keep the Green Health agenda moving forward.

Phase 2: The Extension Programme (June 2024 - March 2025)

Late 2023: Defra and NHS England subsequently secured additional national funding to extend the programme, with a new main goal: to prove its value for money.

April 2024: NHS Greater Manchester received notification of its successful proposal for inclusion in the extension phase.

May 2024: A revised local commissioning process was concluded, leading to the selection of six delivery partners. Three of these partners, Lancashire Wildlife Trust, Groundwork Greater Manchester, and Petrus, collaborated with Pennine Care's Early Intervention Teams to deliver tailored programmes for individuals diagnosed with Serious Mental Illness (SMI). The remaining three partners, Manchester Mind, Northern Roots, and START in Salford, concentrated on addressing health inequalities by implementing programmes for ethnic minority communities residing in areas with the most adverse health outcomes. City of Trees continued to lead the Learning Network.

June 2024 - March 2025: Despite the difficulty of running outdoor activities in winter on a tight schedule—and navigating national riots and the cost-of-living crisis—the programme was successfully completed in March 2025.

Post-March 2025: Our focus will shift from delivering the programme directly to making nature-based interventions a core part of the wider system through the Live Well approach. At the same time, we will actively seek external funding to sustain support for delivery partners.

The Nature for Health Network continues to grow and professionalise, with focused priorities on strengthening the sector, demonstrating value and securing further funding opportunities.

Green Social Prescribing Programme Timeline



FIGURE 2: TIMELINE OF GM NATURE FOR HEALTH PROGRAMME

3. Our Approach: Delivering Green Social Prescribing in GM

The Greater Manchester Green Social Prescribing programme was predicated upon delivering the model of care that the city-region is now seeking to implement system-wide. An "optimum neighbourhood model", defined across GM's health strategies as the "establishment of multi-agency teams working on geographical footprints of 30-50k population". This is an "all-age, all public and voluntary service model" designed to create person-centred services that proactively "reduce, delay, or eliminate... unnecessary use of costly, reactive public service spend". By integrating strategic commissioning, targeted interventions delivered by our expert voluntary and community sector partners, and a real commitment to building a sustainable system, the Green Social Prescribing programme has contributed to our understanding of how this vision can be successfully brought to life.

Commissioning and Partnerships: A Collaborative Model

An important part of our approach was genuine collaboration across different sectors. The Greater Manchester Nature for Health Steering Group provided strategic oversight, bringing together core partners including NHS Greater Manchester, the Greater Manchester Combined Authority (GMCA), local authorities, Natural England, and the Voluntary, Community, and Social Enterprise (VCFSE) sector. This collaborative model ensured the



PHOTO CREDIT: RHS

programme's integration with broader regional strategies from the beginning. The two-phase commissioning process facilitated both comprehensive 'Test and Learn' delivery and, subsequently, highly targeted interventions. During Phase 2, this evolved into an innovative partnership model directly involving Pennine Care's Early Intervention Teams (EITs) to develop bespoke Green Social Prescribing programmes for individuals with Serious Mental Illness (SMI), demonstrating a commitment to integrating nature-based interventions into the statutory health system.

Targeting Need: A Data-Informed and Co-designed Approach

The programme demonstrated agility in targeting specific population cohorts. Whereas Phase 1 concentrated on broad communities experiencing significant inequality and the impacts of COVID-19, Phase 2 took a more strategic, data-informed approach. This approach led to the development of two distinct workstreams. First, an innovative partnership was established with Pennine Care's Early Intervention Teams (Rochdale, Stockport & Bury) to create a bespoke pathway for individuals with Serious Mental Illness (SMI). Second, Greater Manchester's Health Inequality Index scores were used to pinpoint the areas with the worst health inequalities for a targeted workstream engaging ethnic minority communities. The 2025 Indices of Deprivation data backs up the need to focus in on neighbourhoods. The new data shows that the relative deprivation gap within Greater Manchester has widened since 2019. With some boroughs like Manchester and Oldham becoming relatively more deprived while others getting relatively less deprived, a universal, 'one-size-fits-all' programme doesn't work. This widening internal

inequality demonstrates why a targeted approach, focusing on the specific cohorts and areas with the worst health outcomes, is needed.

Throughout both phases, a strong emphasis was placed on ensuring interventions were co-designed with input from individuals with lived experience, an essential factor in enhancing engagement and ensuring the cultural appropriateness and inclusivity of services.

Interventions and System Upskilling



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Delivery partners offered a diverse array of nature-based activities, tailored to what participants needed, including therapeutic horticulture, food cultivation, conservation, and bushcraft. This delivery model represents a strategic choice, but importantly it is a direct response to a clear community need. Recent research funded by Natural England and lead by Be Well (The Big Life Group) involving young people in Manchester revealed that their primary proposed solution to surmounting barriers in accessing and using green space was a desire for more organised activities, which they articulated would foster a greater sense of safety and motivation to participate ([Be Well, 2025](#)). Green Health can provide the "organised activity" sought by residents.

Beyond direct service provision, a core part of the programme's approach involved investment in the skills and knowledge of the broader health workforce as well as nature-based practitioners. A successful element of this was the provision of Green Social Prescribing 'Taster Sessions'. These well-attended workshops engaged over 70 link workers, community connectors, and other health professionals, which helped explain Green Health, highlight the high-quality local provision, and make practitioners more confident in referring people. This emphasis on upskilling constituted a necessary investment in the long-term capacity of the system to support Green Health programmes and some activity providers have continued to deliver them.

Building Enduring Infrastructure: Creating a Legacy

A primary objective for Greater Manchester extended beyond the delivery of a time-limited project, including building the long-term support needed for nature-based interventions to deliver greater impact to more people. The programme successfully integrated Green Health principles into core policy documents, including the NHS Greater Manchester Population Health Strategy, the Greater Manchester Green Plan and the Live Well implementation plan.

Green Health activities and interventions require bespoke skills and expertise. The programme established the Greater Manchester-wide Green Social Prescribing Learning Network, facilitated by City of Trees and delivered by a host of partner organisations, to share best practice and build skills across the sector.

We have also fostered partnerships with other related programmes, aligning with the GMCA's Green Spaces Fund, the Local Nature Recovery Strategy (LNRS), and helped deliver green interventions in programmes delivered by GM Moving.

This integration show that nature-based interventions are now a core part of how the region thinks about health. The establishment of sustainable infrastructure, such as the Greater

Manchester Nature for Health Steering Group and the Greater Manchester-wide Green Social Prescribing Learning Network, provide a platform for sustained collaboration, innovation, and knowledge dissemination beyond the conclusion of the funded programme.

4. Making a Difference: Impact and Evaluation

The Greater Manchester Green Social Prescribing programme has generated a wealth of evidence, demonstrating its impact on individuals, communities, and the broader health and care system. By combining national and local evaluation, hard data, and powerful personal stories, we get a clear picture of a programme that has delivered real benefits.

Programme Reach: A Note on the Numbers

Across its two main phases, the programme formally engaged over 1,550 residents in its funded activities. This figure, however, pertains solely to formal referrals into the funded programmes. The programme's influence also spread, creating an environment where more people could get involved in nature-based activities. This success is a direct result of the considerable strength, experience and diversity of our nature-based VCFSE partners. They are not simply 'providers', they are the established, expert community infrastructure that holds the trust and local knowledge that this work is built on. Issues with current data and technology systems make it difficult to quantify the total number of referrals into all nature-based activities—a systemic issue for all social prescribing. A programme of work is currently being delivered to address these challenges within the formal social prescribing systems, and longer-term the wider VCSE sector.

Findings from the Initial National Programme (2021-2023)

As a national 'Test and Learn' site, Greater Manchester's delivery during the first phase contributed to a significant [national evaluation](#). Although the findings were not specific to Greater Manchester, they are highly relevant and provide strong evidence for Green Health. Important findings from the national evaluation include:

- Impact on Participants:** The evaluation found statistically significant improvements in wellbeing for participants. Using the ONS4 wellbeing measure, happiness scores increased from an average of 5.3 to 7.5, life satisfaction from 4.7 to 6.8, and anxiety levels decreased from 4.8 to 3.4. Participants also showed a statistically significant increase in physical activity.

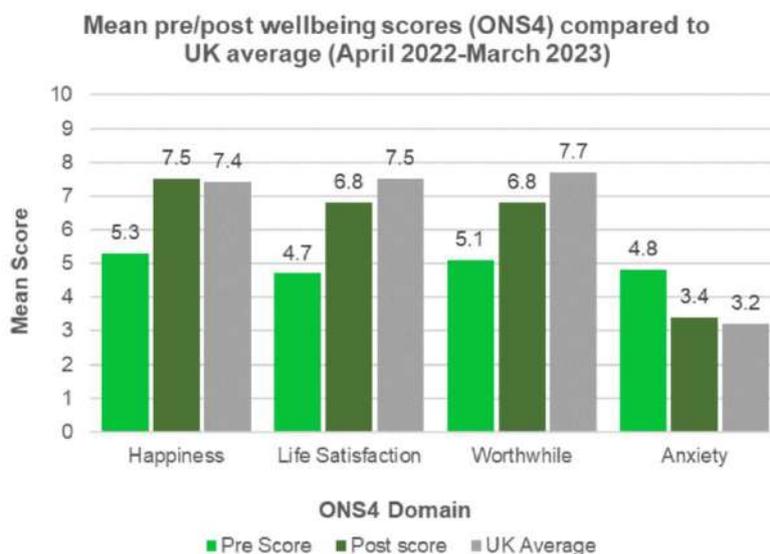


FIGURE 3: CHANGES TO ONS4 SCORES

- **Addressing Health Inequalities:** The programme successfully reached under-served populations nationally, with 57% of participants from the most socio-economically deprived areas and 21% from ethnic minority backgrounds.
- **Value for Money & Health System Savings:** The national programme demonstrated impressive value, with an estimated social return on investment of £2.42 for every £1 invested. Nature-based activities were demonstrated to be a cost-efficient intervention in comparison to other modalities of mental health support, such as Cognitive Behavioural Therapy (CBT) or early intervention for psychosis.
- **Challenges & Lessons for Expansion:** The national evaluation identified important challenges that informed Greater Manchester's subsequent approach. These included the urgent need for sustainable funding models that go beyond short-term grants, the inherent complexity of consistent data collection, the significance of enhancing referral pathways, and the necessity for revised commissioning and procurement arrangements to more effectively support VCFSE sector partners.

Differentiated Impact: Analysis of Two Workstreams

From the outset, the extension phase was designed around a core principle: the need to provide quantified evidence of preventative impact and a clear return on investment. A full, independent economic evaluation was commissioned from Edge Hill University to provide a detailed cost-benefit analysis for the 2024-25 extension. The evaluation methodology used a robust, Treasury-recognised Wellbeing Valuation approach. This model first captures the statistically significant pre- and post-intervention increase in participants' mental wellbeing using the [SWEMWBS](#) scores. The wellbeing gain is then translated into a monetary figure using an established economic model that quantifies the societal value of such an improvement in health-related quality of life.

Then net social impact is calculated in two ways:

A conservative average: Based on the average SWEMWBS score change for the entire cohort. This method yields a net social impact of **£452.02 per person**.



A precise individual calibration: A more accurate method based on each individual's starting wellbeing score. This is crucial, as the model recognises that wellbeing gains for those starting at a lower level (i.e., those with greater need) deliver a much higher social value.

Using this more precise individual-level method, the average net social impact for the entire programme was **£2,529.91 per person**, with the top end being **£4,933 per person** – achieved by Northern Roots in Oldham. Demonstrating significant value-for-money that highly targeted, effective interventions can produce.

The findings of our evaluation demonstrate the success of the Green Social Prescribing programme and provide a timely evidence base that answers the strategic questions now being asked by the wider system. Green Health is a whole-person approach, supporting the physical health

agenda, encouraging movement for diabetes prevention, while tackling the high co-morbidity of mental ill health and Long-Term Health Conditions.

Our focus on demonstrating value has since been strongly validated by the direction of both local and national health strategy. The GM Approach to Neighbourhood Health now requires that the "impact of plans, and supporting metrics are... quantified". Furthermore, the national [10 Year Health Plan](#) has established the shift from "sickness to prevention" and from "hospital to community" as the core of its strategy to secure the NHS's long-term financial sustainability.

The Health Inequalities Delivery Workstream

This workstream demonstrates the programme's success in reaching and engaging communities experiencing the most significant health inequalities, yielding a significant return on investment.

- Reaching Target Populations:** The evaluation confirmed the workstream's intended outreach, successfully engaging its target demographic. **83% of participants resided in the most deprived areas (IMD), over 76% were from ethnic minority backgrounds,** and more than 79% were female.
- Significant Wellbeing Impact:** Participants experienced a statistically significant improvement in their mental wellbeing. The results from one delivery partner were particularly noteworthy, demonstrating an average **increase of 8.15 points on the SWEMWBS scale.** Whilst this scale is a clinical measure, as one participant put it: *"The way we were living our lives... we were really away from nature—from our food to our whole human life. It was like we were living a robot life. This project changed people's thinking and behaviour in such positive ways—it taught us how we can be our true self."*
- Exceptional Economic Value:** The workstream yielded a **significant economic return** generating a **positive net social impact ranging from £499 to £4,933 per patient.** These figures capture the value of prevention such as improved wellbeing, social connection, and pathways to employment, which are the leading indicators of future, long-term reductions in demand on acute services. Additionally, the inherent physical activity Green Health offers also delivers an unquantified preventative value by reducing the risk and severity of chronic physical conditions, mitigating future costs to acute care from long-term disease management.



The Pennine Care SMI Delivery Workstream

This workstream is of particular importance as it provides a proven delivery model for a significant national and local clinical priority. The national [10 Year Health Plan](#) highlights that people with severe and enduring mental illness often face fragmented care, and it commits to transforming services into "neighbourhood care models" with improved "assertive outreach care and treatment". This is mirrored locally, where the [GM Primary Care Blueprint](#) showcases proactive outreach to this cohort as best practice, featuring a case study on a Primary Care Network partnering with the charity Mind specifically to "increase uptake of Severe Mental Illness (SMI) health checks".

The programme's innovative partnership with Pennine Care's Early Intervention Teams demonstrates elements of this neighbourhood-based approach in action, validating its efficacy for individuals with higher and more complex needs, whilst concurrently providing insights regarding resource requirements.

- Success within a Clinical Pathway:** The intervention achieved a **statistically significant increase in wellbeing** among individuals with Serious Mental Illness, with average **SWEMWBS scores increasing by 2.21 points**. This is an important measure of success, proving the model works for cohorts with complex needs. The tangible impact of this is captured in the experience of one participant, who said: *"The sessions improved my anxiety and depression and gave me the ability to manage my psychosis... I enjoyed the sessions that much I have now gone through to volunteering myself to help and assist others."*
- Economic Value and Commissioning Insights:** The evaluation determined a **net social impact of £998 per patient** for this workstream. This figure provides an important insight for future commissioning, it reflects the elevated cost and more intensive, specialised support necessitated for effective engagement with individuals with SMI, whilst still providing a substantial social return.

Additional value through Economies of Scale

The economic values presented in this report represent a conservative baseline. As a 'Test and Learn' pilot, the programme naturally absorbed the higher unit costs inherent to innovation—such as establishing new infrastructure, testing delivery models, and forging initial partnerships. Scaling this model into routine practice will unlock additional economies of scale. As fixed costs are spread across a wider population and referral pathways become established, the cost per participant will decrease. If adopted at scale, the long-term return on investment for the Greater Manchester system will exceed even the significant figures observed during this pilot phase.

"Part of a Family": The Voices of Participants

Beyond the statistical data, the programme's impact is best told through the stories of its participants. Qualitative feedback has been consistently positive. Participants frequently reported enhanced confidence, diminished social isolation, and a strong sense of belonging, often characterising their group as a family unit. For many individuals, the programme was an essential stepping stone, providing the support and skills needed to move into volunteering, acquire accreditations, or simply feel empowered to engage with other community activities.



PHOTO CREDIT: LANCASHIRE WILDLIFE TRUST

The supportive, non-clinical environment of a nature-based setting is a vital factor in fostering trust and enabling individuals, particularly those less comfortable with formal services, to undertake positive life changes. As articulated by one participant who returned to employment following the programme, the group provided a social anchor and a sense of purpose: *“It’s kind of a group friendship... I mainly use it as a reason for getting out of bed. I get Wednesdays off work and I could easily stay in bed and do nothing but this is a reason to get up.”*

System-Level Impact: Building an Enduring Legacy

A significant achievement of the Greater Manchester programme has been its impact on the broader system. By strategically integrating Green Health principles into high-level policy documents the programme has ensured its legacy will influence regional health and environmental planning for an extended future.

This integration is exemplified by its prominent inclusion within the [NHS Greater Manchester Green Plan 2025-28](#). The plan features a dedicated focus area on Nature for Health and explicitly commends the "Greater Manchester Nature for Health" pilot (this Green Social Prescribing programme) and commits the NHS to actively support nature and health related activities. This demonstrates that the Green Health doesn't just align with system strategy—it is a great example of how to put it into practice.

The enduring partnerships fostered through the programme have been far-reaching, aligning Green Health with other major Greater Manchester initiatives such as the [GMCA’s Green Spaces Fund](#), the [Local Nature Recovery Strategy](#), and the [GM Moving](#) agenda. This integration has elevated the role of nature-based interventions within the region's approach to health and wellbeing. The establishment of the Greater Manchester Nature for Health Steering Group and the Greater Manchester-wide Green Social Prescribing Learning Network, provides a platform for sustained collaboration, innovation, and knowledge dissemination beyond the conclusion of the funded programme.



This success demonstrates a virtuous circle in action. By investing in our VCFSE partners, the programme provided the opportunity to build a robust evidence base for their work. Such evidence is the key that helps unlock the door to sustainable funding, allowing them to prove their value to the wider health system and contributes to moving beyond precarious, short-term grants. The experience of Northern Roots is a perfect example of this model working:

“Participation in the Health Inequalities programme helped Northern Roots to amass the data, case studies and expertise needed to convince Oldham’s Integrated Care Board to award a ground-breaking commission to our Natural Health Service.” – Anna da’Silva, CEO Northern Roots.

A Pathway to Broader Socio-Economic Outcomes

The [2025 Indices of Deprivation](#) identify poor employment outcomes as a core driver of deprivation in Greater Manchester, noting the city-region performs less well in this domain than on income. With nine of the ten local authorities ranking in the most deprived 50% of the country for employment. This makes the role of Green Health as an enabler for socio-economic outcomes ever more critical.

The impact of the programme extends beyond health and wellbeing, serving as an enabler for broader socio-economic outcomes. The [Live Well approach to Employment framework](#) presses the significance of "Laying the foundation" and "Growing Confidence," prior to an individual's consideration of employment. The programme has proven to be an effective, practical delivery model for these important initial stages. By providing routine social connection, skills development, and enhanced mental health in a neutral, non-stigmatising environment, it cultivates the personal and social capital necessary for individual advancement. This provides a direct pathway to what the new [Greater Manchester Strategy](#) terms 'Economic Inclusion' and access to 'good work'.

For many people, the path to employment isn't linear and volunteering is an extremely important step along the way. This is another important outcome of the programme, fostering community capacity and providing individuals with valuable experience. Damien, who participated on Lancashire Wildlife Trust's programme resumed employment four days a week after completing his programme, provides a tangible example of this pathway in operation:

"I enjoyed the sessions that much I have now gone through to volunteering myself to help and assist others who are referred to Greenspace."

He adds that this new role has had a profound impact on his own recovery journey: *"By helping others, it is helping me cope with day-to-day life and improving my mental health."*

5. Overcoming Hurdles: Challenges and Lessons Learned

The challenges the programme faced weren't failures; they are lessons that provide a practical roadmap for embedding this work in the future. Lessons emerged around data collection, referral pathways, personal barriers to engagement, and the cycle of funding and commissioning.

The Challenge of Data, Evidence, and Evaluation

The Challenge: A consistent theme across both national and local evaluations was that collecting good, high-quality data is inherently complex. Operational feedback from delivery partners highlighted specific issues, including language barriers affecting the completion of forms and paperwork. This is not unexpected, given the city-region's diversity; the 2021 Census recorded a minimum of 91 distinct main languages spoken in Greater Manchester, with Urdu being the most prevalent after English. Additional issues included the difficulty of collecting sensitive data, such as NHS numbers, within a non-clinical, trust-based environment, and heavy administrative burden this placed on VCFSE staff.



PHOTO CREDIT: START IN SALFORD

The Learning: A rigid, "one-size-fits-all" evaluation model struggles to comprehensively capture the true value of diverse, person-centred community interventions. The power of personal stories that contextualise the data is huge but frequently undervalued within traditional evaluation frameworks. The true cost associated with conducting meaningful evaluation—including the staff time required to cultivate relationships and gather data sensitively—must be acknowledged and resourced.

Implications: Future commissioning must allocate funding for the full cost of evaluation, incorporating resources for staff time, translation services, and data management. A simplified, co-designed Greater Manchester-wide evaluation framework should be developed, integrating quantitative metrics with qualitative evidence to construct a more comprehensive and consistent depiction of impact.

The Complexity of Referral Pathways

The Challenge: Feedback from both the Health Inequalities and SMI workstreams indicated that referrals from mainstream health services were frequently slower and less consistent than expected. This was particularly apparent within the clinical pathway, where partners observed that "Pennine Care's staffing issues (long-term sickness, turnover) influence referrals, attendance, and consistent programme delivery." This contrasted with the Health Inequalities workstream, where partners identified that "the majority of referrals originate from partner organisations, rather than social prescribing schemes or link workers."

The Learning: The experience of referral friction and resource constraint is not unique to the Green Social Prescribing programme; it reflects a known, system-wide challenge that Greater Manchester's health system is actively working to address. The [GM Primary Care Blueprint](#) identifies "Securing full implementation and visibility of our Primary/ Secondary Care and GP/

Community Pharmacy interface principles" as an "early deliverable" precisely because of its importance in "managing pressures in our system".

A referral is not a singular transaction; it is the culmination of a trusted relationship between the referrer, the VCFSE partner, and the participant. Without that trust, the process breaks down and the benefits are limited. Collaboration with trusted partners embedded within communities is vital.

Implications: Commissioning must incorporate dedicated, funded time for valued VCFSE partners to cultivate and sustain relationships with clinical and community referrers. This investment in people is a practical way to build what the new [GM Strategy](#) calls 'Relational Public Services'. A multi-channel referral system that advocates for and streamlines community and self-referral alongside clinical pathways should be developed and disseminated.

Overcoming Personal Barriers to Engagement

The Challenge: Practical and personal barriers to participation cannot be understated. These can encompass financial hardship, with partners providing the example that "even though travel is reimbursed on the programme... the participant lacked sufficient funds for bus fare to the programme." Additional barriers included transport-related anxiety, childcare requirements, and a lack of confidence that can make joining a new group feel terrifying. For certain demographics, these barriers are more pronounced; during the 2024 far-right anti-immigration protests and riots, programmes were significantly disrupted with participants fearful of leaving their house to attend sessions. Similarly, research involving young people in Manchester identified their two primary impediments to accessing green spaces as concerns regarding safety and a lack of suitable activities for their age group ([Be Well, 2025](#)).

These concerns are rooted in the reality of the [2025 Indices of Deprivation](#) data, which identifies the crime domain as a major driver of GM's deprivation. The data shows that four of the top ten local authorities in England for recorded crime rates are within Greater Manchester (Manchester 3rd, Rochdale 6th, Oldham 8th, and Salford 10th). In this context simply providing green space is insufficient. The 'organised' and 'safe' nature of Green Health is therefore a fundamental factor in overcoming this very real barrier to engagement.

The Learning: Genuine accessibility is about more than just location; it means understanding and actively removing the real-world barriers people face. A flexible, person-centred approach is indispensable. The SMI workstream partners were very clear on this point: "...challenges of the 12-week model...it may not be sufficient for some individuals to achieve lasting change. The focus on quantitative metrics and fixed outcomes can undervalue the benefits of longer-term engagement." This insight directly informs this report's recommendation for future commissioning to embrace flexible, longer-term programme models.

Implications: Practical support, such as upfront travel costs and childcare provision, must be integrated into the core funding model, rather than being considered an optional addition. Commissioners should adopt flexible programme durations and an open-ended "rolling" delivery model, acknowledging the value of longer-term engagement for certain cohorts.

The Vicious Circle of Funding and Commissioning

The Challenge: The funding hiatus between the two programme phases starkly illustrates the instability created by short-term, stop-start, project-based funding. Additionally, current funding models frequently do not cover the full operational costs of VCFSE delivery partners, particularly amidst rising overheads.

The Learning: Our voluntary and community sector partners are the core asset in this work, but they can't survive on precarious, short-term funding. They are the established, expert infrastructure. That means investing in them, not just paying for their projects. This programme proves we need commissioning models that build trust instead of burying partners in rigid, time-consuming paperwork.

Implications: The system must move faster towards a more strategic, two-tiered funding model. For the established VCFSE partners who form the backbone of this work, this requires a definitive shift towards multi-year, core commissioning to provide stability and support long-term growth. In parallel, mechanisms such as the Live Well Communities Fund is well placed to enable smaller, grassroots organisations to deliver hyper-local projects.

Overcoming Systemic Inertia: From Strategy to Mainstream Practice

The Challenge: National evaluation and local experience indicate that, despite the growing body of recent evidence, Green Social Prescribing is not yet universally perceived as a core, necessary offer across all components of the healthcare system. It can be perceived as a "desirable" rather than a clinical imperative, and is consequently vulnerable during periods of systemic pressure, as evidenced by the impact of NHS staffing issues on the Pennine Care workstream.

The Learning: Evidence alone is insufficient to effect change. The healthcare system is oriented towards clinical, medicalised solutions, and this kind of shift requires a sustained, focussed effort to transform culture, language, and processes. Embedding nature-based interventions entails transitioning it from the "innovation" or "prevention" silo into core delivery pathways, particularly within mental health and primary care.



Implications: Pathways must be actively co-designed with clinical teams, leveraging specific insights from the Pennine Care partnership—such as the value of consistent staff champions within clinical teams and the importance of pre-session introductions to mitigate participant anxiety—to establish a replicable model. The cultivation of additional "clinical champions" is required, and evidence must be translated into the language of health economics and pressures (e.g., patient flow, waiting lists). The work to embed Green Health and nature-based interventions within high-level strategies should be operationalised through dedicated budgets and accountable leadership.

6. Looking Ahead: Embedding Green Health and nature-based infrastructure within Live Well

The Green Social Prescribing programme was never just a standalone project; it was designed to spark system-wide change. This aligns directly with the core policy direction of NHS Greater Manchester's [2024 Sustainability Plan](#) which advocates for a "radical change" from a model "characterised by crisis-based responses in hospital" towards one built on prevention, proactive care, and community-led support. The momentum, partnerships, and strong evidence generated over the past four years provide a clear, proven path to a sustainable future for nature-based health.

The Live Well Vision: A New Model for Health in Greater Manchester

[Live Well](#) is a high-level Mayoral priority and a Greater Manchester-wide movement that signals a fundamental shift in the approach to health and wellbeing. It represents an evolution of long-standing initiatives, building upon over a decade of the successful [Working Well](#) programme, which integrated personalised support for health and employment. Live Well expands this approach, driving a broader shift from a reliance on acute services towards a model of prevention, early intervention, and community-led support across all facets of life.



Central to this initiative is the development of an "optimum neighbourhood model," a concept co-designed with leaders from across the public and voluntary sectors. This model focuses on establishing a collaborative ecosystem within each neighbourhood, wherein public services and the VCFSE sector collaborate to provide routine support that enables residents to lead healthy, fulfilling, and successful lives. It is built on principles of being strengths-based and person-centred, with a clear focus on tackling the deep-rooted inequalities found across the city-region.

Nature-Based Interventions: A Validated Model for Live Well Implementation

The Live Well vision needs trusted, accessible, and non-clinical support capable of addressing the broader determinants of health. Green Health and nature-based interventions provide a clear example not only for what Live Well should deliver—trusted, non-clinical interventions—but also for how it could be delivered, embodying the partnership principles of the recent [Live Well Alliance blueprint](#). A central insight derived from the programme is the importance for a whole-system approach that provides a comprehensive spectrum of green provision. This encompasses a range from universal, open-access activities, such as community walking groups, to the more structured, therapeutic interventions delivered by this programme for individuals with greater needs. A successful Live Well offering must support this entire ecosystem, ensuring the existence of clear pathways for individuals to 'step down' from formal programmes into community-led activities to sustain their wellbeing over the long term.

A Model for Addressing Inequalities

Live Well is explicitly focussed on reducing inequalities. The Green Social Prescribing programme has demonstrated a capacity to achieve this, providing a proven model for what the

[GM Strategy](#) identifies as the goal of 'reducing the gap in healthy life years'. The programme successfully engaged communities in the most deprived areas (83% of participants) and ethnic minority groups (76%) who are frequently more challenging to reach through traditional health services. This provides the Live Well approach with a validated, effective instrument for engagement with its priority populations.

A Cost-Effective and Low-Carbon Model for Health Improvement

Preventative models like Green Health are a central pillar of the [Greater Manchester Strategy](#) (2025), which states that 'The key to better population health is to get upstream of the impact of illness and disease and focus on prevention and early intervention to reduce demand'.

Getting upstream of illness and diseases requires models of care that are both financially viable for the long term and environmentally sustainable. The Green Social Prescribing programme delivers compelling evidence on both these fronts.



PHOTO CREDIT: RHS

From a financial perspective, the local evaluation demonstrated a **statistically significant increase in mental wellbeing** and a **net economic benefit of up to £4,933 per person**. This powerful local evidence validates the national financial strategy underpinning the [NHS 10 Year Health Plan](#), which makes its case for community investment by citing evidence that "£100 spent on community care could achieve, on average, £131 in acute sector savings".

In parallel, the programme provides a proven, low-carbon model of healthcare. It directly supports the [Primary Care Blueprint](#)'s goal to achieve a "Net Zero NHS GM Integrated Care Carbon Footprint by 2038". The logic for this is clearly articulated in the [NHS Greater Manchester Green Plan](#) (2025), which identifies that a "left-shift" towards prevention is critical for sustainability, as it "reduces the need for people to access healthcare and the associated carbon footprint". Green social prescribing is a tangible and effective example of this preventative, low-carbon care in practice. This preventative approach is applicable to the entire spectrum of chronic disease, delivering early intervention for both mental ill health and the high-cost management of LTHCs, like Type 2 diabetes and hypertension.

A Response to a Principal Public Health Challenge

Live Well must address the needs of all residents, including young people. The 2024/25 [#BeeWell survey](#) of Greater Manchester secondary school pupils highlights a significant disparity in physical activity, with only 27% of girls meeting the Chief Medical Officer's guidelines compared to 46% of boys. This local data is corroborated by broader evidence; a significant 2025 umbrella review encompassing over 38,000 young people concluded that structured exercise programmes mitigate symptoms of depression and anxiety and should be considered an integral component of comprehensive care ([Singh, B. et al., 2025](#)). The Green Social Prescribing programme's emphasis on physically active, informal, non-competitive activities, such as conservation and food cultivation, offers an evidence-based alternative to traditional sport. With 79% of our programme participants being female, this model has demonstrated its specific appeal to women and girls, thereby providing an inclusive pathway to improved health for those disengaging from conventional exercise.

An Evidence-Based Approach

The systematic scoping review from our local evaluation provides further case for investment. It determined that the majority of nature-based interventions are economically viable and cost-effective, with reported social returns on investment ranging from £2 to £17 for every £1 invested. This broader evidence base instils additional confidence that investment in Green Health is a sound, evidence-based decision for Greater Manchester.

The case is further strengthened by residents' own perspectives. The [2025 Greater Manchester Residents' Survey](#) indicates that 71% of residents express satisfaction with their local parks and green spaces, making them the most highly-rated local facility. This strong public mandate confirms that nature-based support is not just an 'add-on' to the Live Well model, but a direct and efficient means of fulfilling the GM Strategy's ambition for 'Nature rich spaces with better access for all'. The Green Social Prescribing programme has established the proven delivery model and cross-sector partnerships required to turn this ambition into reality across all ten localities.

The Live Well Communities Fund: A Mechanism for Grassroots Innovation

The Live Well Communities Fund provides the practical mechanism to deliver on this report's recommendations, specifically as a means of enabling grassroots, nature-based interventions at a neighbourhood level. The fund aims to integrate investment from statutory, philanthropic, and private sector partners, representing a strategic shift away from the precarious, short-term grants that have always held the VCFSE sector back. It is designed to empower smaller community organisations, providing the sustainable investment needed for them to deliver hyper-local, community-driven nature-based activities that support the broader aims of the Live Well movement.



PHOTO CREDIT: GROUNDWORK GM

This answers the programme's finding that a diverse ecosystem of provision is necessary for resident wellbeing. By acting as an incubator for these smaller groups, the fund allows for the development of innovative, culturally relevant nature-based projects that are deeply embedded within their communities. It is important to recognise, however, that this fund is a complementary mechanism, not a replacement for the large-scale, multi-year commissioning needed to keep our established VCFSE partners running. Both tiers of investment are required to create a resilient and impactful VCFSE ecosystem across Greater Manchester.

Sustaining Programme Momentum

The Green Social Prescribing programme has successfully proven the case for nature-based interventions and established the foundations for a sustainable future. The pathway forward is clear: by integrating Green Health as a core component of Live Well, whilst encouraging investment through the Live Well Communities Fund, and continuing to foster the cross-sector partnerships of the Nature for Health network, the full benefits of nature can be provided for all residents, contributing to a healthier, greener, and more equitable Greater Manchester.

7. From Vision to Reality

The [Greater Manchester Strategy](#) sets a clear and ambitious goal: to be "a thriving city region where everyone can live a good life".

Turning this ambition into reality requires a practical delivery model. The Green Social Prescribing programme was not designed to be just a project; it was the test-run for how to deliver such a vision. It has delivered a proven, cost-effective model that improves wellbeing, tackles our deepest health inequalities, and aligns with the Live Well movement.

The evidence is clear. The model works. The only question left is: what does this look like in practice?



The Vision: What We Are Building

The target operating model envisions a system where a GP, a Social Prescribing Link Worker, or a mental health nurse can confidently connect a struggling resident to a high-quality, nature-based group in their own neighbourhood.

In this system, that referral isn't passing the buck, it isn't a hopeful long shot; it's a trusted and funded pathway. This is what the Greater Manchester Strategy calls 'Relational Public Services' in action, where the focus is on names, not numbers. The community group (VCFSE partner) has the security of multi-year funding, they aren't scrambling to survive. They are a core, respected partner in the neighbourhood team, helping to deliver Health Creation in and with Communities.

This isn't a nice-to-have add-on. It is a principal component of every locality Live Well plan, valued for what it delivers.

It starts with the individual. It's the tangible difference between isolation and social connection and community belonging. It's being back in work, having "*a reason to get up*". It's moving from participant to volunteer, finding that "*by helping others, it is helping me cope*". This is the route to improved health, new skills, and regained confidence—the essential foundations for what the [GM Strategy](#) terms "Economic Inclusion" and access to "good work".



PHOTO CREDIT: RHS

But these personal victories quickly scale up into real societal change. This is what getting upstream of illness looks like in practice. It's a proven tool for tackling our deepest health inequalities, directly answering the GM Strategy goal to reduce the gap in healthy life years between the richest and poorest communities. This isn't just a social good; it creates economic value, delivering a **net economic benefit of up to £4,933 per person** by reducing demand on costly, reactive services.

This shift to prevention is the environmental dividend. It's a proven, low-carbon model of healthcare that simultaneously delivers on another core part of the GM Strategy: creating

"Nature rich spaces with better access for all". By investing in "community led action and better connection to nature", we reduce the carbon footprint of our health system and take a tangible step towards our Net Zero goal.

This vision is not a distant dream. It is the logical next step from the evidence in this report.

Recommendations: A Framework for Integrating Nature-Based Health

1. Integrate Green Health and nature-based interventions as a Fundamental Component of locality Live Well plans.

- **Rationale:** Live Well needs a proven, community-based programmes to meet its prevention and inequality goals. Green Health represents an effective, evidence-based fit.
- **Implementation:** Encourage and support all local Live Well plans to incorporate nature-based facilities and programmes wherever possible. Support the integration of natural environments into the design and delivery of Live Well Centres, Spaces and Offers. Ensuring adequate provision of opportunities for the Live Well workforce to learn about the benefits of nature-based approaches and how these can be applied in practice.

2. Commissioning for Sustainability, Value, and Flexibility.

- **Rationale:** Our VCFSE partners are the expert community asset this work relies on. Insights from the programme show that treating them like short-term projects creates instability and fails to cover the true cost of delivering high-quality care that's built around people.
- **Implementation:** Prioritise multi-year, core health funding for trusted VCFSE delivery partners, whilst supporting smaller grassroots organisations through the Live Well Communities Fund. Adopt a full-cost recovery model in all commissioning to ensure the stability of the VCFSE sector. Commission for flexibility, enabling longer-term, rolling programmes that can more effectively address the needs of individuals with complex lives.

3. Develop a Unified Evaluation Framework and Invest in Data Infrastructure.

- **Rationale:** The challenge of data collection has been a consistent theme. To prove long-term value and help us all learn effectively, we need a consistent, practical approach.
- **Implementation:** Work together to design a simple, standard evaluation framework that combined metrics (such as SWEMWBS) with powerful personal stories. Invest in the requisite support for VCFSE partners to deliver this and collaborate across the Greater Manchester system to enhance the technology for tracking referrals.

4. Strengthen Pathways through Investment in People and Relationships.

- **Rationale:** The programme demonstrated that successful referrals depend on trust. This trust is held by our expert VCFSE partners, making them the essential infrastructure for building pathways, not just a service at the end of a referral.



PHOTO CREDIT: LANCASHIRE WILDLIFE TRUST

- Implementation:** Formally embed VCFSE partners within wider neighbourhood teams to bridge the gap with statutory professionals and ensure the community offer is fully utilised. Continue to invest in upskilling the broader workforce through initiatives such as the Green Social Prescribing "Taster Sessions". Sustain and support the Greater Manchester Nature for Health Network to continue its role in sharing knowledge, leading innovation, and championing this work across the system.

This report and the accompanying evaluation add to what is now a substantial evidence base supporting nature-based health and wellbeing. The Green Social Prescribing programme offers a validated model for the system-wide adoption of Green Health. Now is the time to build on this momentum, adopt the model, and realise the 'thriving city region' we are all working towards—a healthier, greener, and more equitable Greater Manchester for all.

8. Appendices

Appendix A: Lead Delivery Partners

Partner Name	Phase(s)	Cohort Targeted	Example Interventions Offered
Lancashire Wildlife Trust	1 & 2	General (Phase 1) SMI (Phase 2)	Therapeutic horticulture, conservation, bushcraft activities
Sow the City	1	General	Commissioned and developed a variety of local therapeutic horticulture programmes and initiatives
Petrus	1 & 2	General (Phase 1) SMI (Phase 2)	Therapeutic horticulture, Community gardening, allotment work
Groundwork GM	2	SMI	Therapeutic horticulture, Community gardening, allotment work. Groundwork GM also supported the Learning Network in Phase 1 and continue to maintain the NfH Website
Manchester Mind	2	Ethnic Minority Communities	Therapeutic horticulture, Community gardening, allotment work
Salford CVS	1	General (Phase 1)	Commissioned a variety of local programmes and initiatives
START in Salford	2	Ethnic Minority Communities	Therapeutic horticulture, Community gardening, allotment work

Partner Name	Phase(s)	Cohort Targeted	Example Interventions Offered
Northern Roots	2	Ethnic Minority Communities	Therapeutic horticulture, Community gardening, allotment work
City of Trees	1 & 2	General public and professional workforce	City of Trees oversaw the Learning Network across both Phase 1 and 2.

Appendix B: Quantitative Outcomes from the Greater Manchester Local Evaluation (2024-25)

Metric	Health Inequalities Workstream	Pennine Care SMI Workstream
Avg. SWEMWBS Increase	+5.92 points (combined)	+2.21 points
Net Economic Benefit	Ranged from £499 to £4,933 per patient	£998 per patient
Reach (Deprivation)	83% of participants from most deprived areas (IMD)	N/A (Clinical Cohort)
Reach (Ethnicity)	76% of participants from ethnic minority backgrounds	N/A (Clinical Cohort)

Appendix B: Full Economic Evaluation

The complete methodology and detailed cost-benefit analysis for the figures cited in this report are available in the separate, independent evaluation published alongside this document:

Howarth, ML., Su, L., Relph, N., Foster, V., & Fletcher, K. (2025). Economic Evaluation of the Greater Manchester Nature for Health Programme. Edge Hill University.

Appendix C: Full Participant Case Studies

Case Study 1: Damian - Groundwork GM & Pennine Care SMI Workstream

Damian completed his six months as a CMHT participant with Lancashire Wildlife Trust and has now moved on to become a Nature and Wellbeing volunteer. He wrote the following words:

“I was having problems mixing with other people, leaving the house, anxiety and depression, including psychosis, auditory and visual hallucinations. My mental health was causing me to self-harm due to distress and psychosis issues. I was referred to Nature & Wellbeing by CMHT after discussions with my OT and therapist. There was an opportunity to attend. I started attending and the LWT team, staff member Sarah-Jane and volunteer Gill, made the sessions enjoyable. They addressed my needs and we started creating things in nature. This allowed me to build my confidence, I was socialising, and then I started to help others who were attending. Greenspace is a magical place to be! The sessions improved my anxiety and depression and gave me the ability to manage my psychosis. It has improved my health and wellbeing.

I enjoyed the sessions that much I have now gone through to volunteering myself to help and assist others who are referred to Greenspace. The environment and setting is a beautiful place for participants to engage and heal over a period of time. I have noticed how this magical environment has improved other service users’ mental health and wellbeing. It has helped service users’ participation in all types of activities. I would recommend these wonderful sessions to anyone suffering with mental health issues. Most of all I would like to thank CMHT and Greenspace for allowing me to volunteer and attend weekly. By helping others, it is helping me cope with day-to-day life and improving my mental health.”

Case Study 2: Andy – Groundwork GM & Pennine Care SMI Workstream

Andy attended the first group of our Green Social Prescribing project in July 2024 when the project was based in Brinnington. He was referred onto the project via Pennine Care’s Early Intervention Team after suffering with Mental Health Issues.

Andy enjoys getting out in the fresh air and in his own garden at home, so he was already aware of the benefits of being outside “I think there’s nothing better than being outside, I’d rather sit outside for hours than sit in the house.” However, at first putting himself into a group setting initially felt daunting. But from this he was able to work on and relearn his social skills. “It’s kind of a group friendship, I don’t meet people outside of this group we chat and share experiences” this has helped Andy to work on his confidence to be able to speak and listen to others about their shared experiences which has really helped him to reflect on his recovery.

Andy has got involved with all of the activities that have been brought to the project. Recently, Groundwork were given a new space on an unused and very overgrown plot. During this time Andy and the other members of the group have worked really hard to completely turn the space around to make it another usable space to grow. Its been great to see what a difference that can be made in a short space of time, and with some great teamwork!

Andy initially finished the programme after 12 weeks in December last year and has since returned back to work. He is now back at work for 4 days of the week. However, on his day off, he has since returned to re-join the weekly sessions at Webb Lane Allotment in Offerton saying “I mainly use it as a reason for getting out of bed. I get Wednesdays off work and I could easily stay in bed and do nothing but this is a reason to get up.”

Case Study 3: Aiste – Lancashire Wildlife Trust SMI Workstream

Aiste accompanied & supported patients on the Autumn Nature & Wellbeing Course. Here are her thoughts:

“The majority of patients that we work with experience social isolation; this negatively affects their mental health and over time can cause a decline in their confidence and social skills. They often struggle to engage in any meaningful activities and lack a sense of belonging. Therefore, social inclusion groups like Green Space are vital for mental health services such as the Early Intervention Team. I have had the pleasure to participate in seven Green Space sessions facilitated by Sarah-Jane. I am the care coordinator for several of the patients who also attended the group, I received feedback from my patients about the group and I was also able to observe the positive changes that it brought to their lives over the course of seven weeks. They all looked forward to attending the group every week and enjoyed participating in different activities. The group taught them how to connect with nature and more importantly with one another. Over the course of 12 weeks, the patients got to know each other and felt comfortable in each other’s company. This has given them confidence and instilled a sense of belonging. Furthermore, each session was dedicated to learning new skills and it taught us how to notice and appreciate the world around us. It would be difficult to say which session I enjoyed the most as they were all so interesting and exciting. Sarah-Jane encouraged service users to share their ideas for future sessions which empowered them and made them realise that their input was valued and important. Sarah- Jane was very flexible in her approach and continuously made sure that every service user was getting the most out of each session. It also encouraged them to be more physically active, and I have observed that this has inspired patients to spend more time in nature, going for walks and noticing different animals and plants around them in their everyday lives”.

Case Study 4: Louise – Pennine Care Support Working on Lancashire Wildlife Trust SMI Programmes

Louise’s journey with the Greenspace group at Phillip’s Park offers a unique perspective—not as a participant, but as a support worker. Her role, arranged through a collaboration with the Wildlife Trust, was to support and encourage a group of patients to attend the outdoor sessions. This was a task she was initially nervous about, admitting she had "prejudgements" that the group would be cold, muddy, and run by "nature lovers." As someone who had never considered herself an "outdoorsy type," she had a vision of "tree hugging etc." and wasn’t looking forward to the sessions, especially as she was responsible for encouraging others to attend.

However, once she began attending the sessions and got to know the group leaders, she "soon realised there was a lot more involved" than her presumptions. The experience became transformative for her personally; Louise found she "really enjoyed attending the groups," learning new skills, finding peace in the location, and feeling a sense of belonging. This personal buy-in has had a profound impact, as she has since transferred some of the things she enjoyed into her personal life, doing activities with her own family. Going forward, this first-hand experience allows her to "talk openly and honestly" with new participants, using her own story to effectively support those who start with the same reservations she once had.

Case Study 5: F – START in Salford’s programme

F is an Iranian refugee who joined the START Nature for Health programme. While she has had some success building a new life, she deeply misses aspects of her home, particularly her large garden and access to nature. She would often become frequently overwhelmed when describing the beautiful flowers she grew there, their variety, and their scents. F found the programme through an informal referral from friends who were already attending the weekly nature-based group activities at Brunswick House, which are run for people with English as an additional language.

The programme provided F with regular access to a shared garden space, where the group worked together to design and develop the area, balanced with activities that gave participants something to take home. This had a profound impact on her. She shared photos in the group's WhatsApp chat of plants she had re-potted, now hanging on her kitchen shelf, with the message, "Thank you so much for the amazing experience." F explained, "I don't have a garden at home and being in the garden is very peaceful. It helps me to relax a lot each week, being around nature. I'm determined to get more plants for my home, now I've seen what can be achieved".

Case Study 5: M – START Nature for Health Workstream

M was already part of the HerStory community group, which supports migrant BAME women, when she found out about the START Nature for Health programme. With limited conversational English, M was struggling significantly with cartilage damage and an "artery" issue in her leg, which caused her a lot of pain. She described herself as being "very angry" and "very depressed" as a result. She was informally referred by her community leader, Tandrima, and joined the weekly nature-based group activities at Brunswick House, which are designed for people with English as an additional language.

M has since become a regular attendee and has even brought new participants along to join the group. The impact on her has been significant. She says she "feels better" for coming and that it "helps with the pain." When asked to elaborate, M explained that while the pain is a "little bit gone away," the main benefit is how she feels in her mind, tapping her head to indicate she is "less angry." She summarised the change simply: "Too much time at home before. This project good for mind."

Case Study 6: N – START Nature for Health Workstream

N is a member of the HerStory community group, which supports migrant BAME women. With very limited conversational English, she joined the START Nature for Health programme through an informal referral from her community leader. N was tackling self-reported "Depression" and, despite living outside the Salford area, she navigated the referral process via a WhatsApp group and became a regular attendee of the weekly nature-based sessions at Brunswick House.

From the beginning, N was a persistent advocate for the programme's value. She frequently approached the facilitator, asking to attend more than once a week, even offering to come without the bus fare refund. She explained, "Doctor said I needed more (using hand gestures) to help with mental health." While she accepted the one-session-per-week limit, her feedback remained powerful and clear: "it helps a lot, my depression, coming here." When asked what the group did for her, she summarised the impact as feeling "relaxed," "happy," and "enjoy."

N's case also provided a significant insight into the challenges of evaluation across language barriers. The facilitator noted that while N's demeanour and self-reported depression

suggested she was struggling, her SWEMWBS wellbeing scores were recorded as maximum ("All the time"). Even when the questionnaire was later re-administered with a Farsi translation, N stood by her high scores. This highlights the potential limitations of standardised metrics and the difficulty in capturing a person's true state across cultural barriers, even when the positive, real-world benefit of the programme is clearly visible.

Case Study 7: W – START Nature for Health Workstream

W is an asylum seeker who, after experiencing a "pretty traumatic time," was receiving support from the NHS asylum seeker mental health service. A key issue compounding his mental health struggles was "not having much to do" as he was unable to work while doing ESOL classes. He was referred to the START Nature for Health programme by a VCSE Social Prescriber from the Wellbeing Matters team. In a strong example of a "warm handover," the prescriber attended the first session with W at Brunswick House, helping him to settle in and fill out the registration forms.

W became a very regular attendee and was "keen to join all the activities." He grew in confidence, was able to talk within the group, and learned new practical gardening skills, such as designing and creating a gravel garden walkway. The programme clearly provided him with structure and a way to evidence his personal development; he later asked the team to provide a reference for him at the job centre. The team was happy to do so, attesting to his willingness to learn, his punctuality, good communication, and positive group interaction. Although W missed the final three sessions due to Ramadan, preventing a final SWEMWBS score, his feedback over the phone confirmed the impact: "I've learnt many things, I'm very grateful. I am looking for work now and the group has been a lot of help. I will miss it."

Case Study 8: Wandy – START Nature for Health Workstream

Wandy is an African man in his 60s who was experiencing significant social isolation. He would see his pastor once a week for bible study, but had little else to occupy his time and felt he was "sat at home alone too much." This was compounded by a strong desire to "contribute to the community." He was informally referred to the START Nature for Health programme by his pastor via a community leader from Community Doosti, who passed his details on to the team. After a call to explain the programme, Wandy began attending the weekly nature-based sessions at Brunswick House, travelling from outside Salford.

Wandy has since attended "almost without fail." He feels "very comfortable" in the group, enjoys talking with the tutor, and always communicates if he cannot attend. The programme has directly met his initial goal, with Wandy stating he now feels like he is "contributing to the community." He was "impressed from the first day," noting that "the staff were highly welcoming" and "very kind." His experience also highlighted a critical barrier: one week, he did not have the upfront bus money to attend, demonstrating that without the bus fare reimbursement, his participation would likely not be possible. He is keen to be invited to any future programmes.

Case Study 9: Bury Greenwood Group, part of Lancashire Wildlife Trust's programme (2021-23)

The Bury Greenwood Group, part of the Men's Shed Association, meets weekly at Philips Park, providing a safe environment to socialise, learn new skills, feel supported, and be with nature. The group was already at full capacity with a long waiting list, demonstrating the high demand

for this type of support. This led to the creation of a monthly informal sister group, 'Green Wood Social,' which is where these members shared their stories.

Robin's Story

Robin is a semi-retired Advanced Practitioner in rheumatology who was "looking for a new purpose" after a 40-year career in stressful clinics. He joined a group of woodland volunteers, which eventually evolved into the Bury Greenwood Group. For Robin, "making things, being outside, working the woodland and having banter with friends is good for the soul". Having also had cancer, the group offers vital perspective. "The days I can come here are the days I look forward to," he says. "It means so much to have somewhere to come where you have the freedom to speak about how you're feeling. But also, the freedom to be quiet, to just be. People here understand – we've all been through similar things".

Alistair's Story

Alistair, a 40-year IT veteran, co-founded the group after a chance meeting with another dad, Chris. They discovered both their sons were struggling with mental health. Alistair's son, Russell, was in a "dark place," isolated, and unemployed after an injury. Chris's son, Matt, was also struggling after a car accident. They had a "lightbulb moment – why don't we make something together, two dads and their sons". They secured and renovated the barn at Philips Park. The impact was profound. "Making things and spending time with Matt, Chris and I, helped Russell see he had a purpose... it helped him out of his mental ill health," Alistair says. "Without the group my son wouldn't be where he is today".

Chris's Story

Chris, an army veteran and Matt's father, was dealing with his own issues, including the confidence blow from a prostate cancer diagnosis. The group provided an unexpected source of support. "Coming here, three of us have prostate problems, means we can talk about our worries (or leave them at the door). We all understand each other". He describes the "brew, biscuits, and banter" as "a way of getting our troubles out in the open". Chris calls it a "huge support group" but "without anyone feeling that it's a support group – there's no sympathy!!!". Instead, they all check up on each other. "Those few hours every week are a tremendous help to us all. I always feel better when I've been, and I know my son Matt feels the same".

Matt's Story

Matt, Chris's son, was in a "bad car crash" that stopped his life. After six weeks in hospital and multiple surgeries, he was left with severe injuries and chronic pain. Two years later, his "head was a mess". He couldn't see friends, ride his motorbike, and felt "under bombardment" from health issues. When his dad mentioned the woodworking equipment, he "gave it a go. It was the start of me getting back on my feet". Within three months, he was helping others. "Now on a Thursday, whatever the weather I come down here, have a brew and a chat and it has such a therapeutic effect," he says. "It's more than a group. It's knowing you've got people there for you".

Case Study 10: John's Story – Lock 50 & Petrus

John, whose name has been changed, is a retired gay man who lives alone in Rochdale. He was referred to Lock 50—a joint programme run by the Canal and River Trust, Wellfield Health Centre, and Petrus—by his GP as part of the Nature for Health programme. He admits he was

initially sceptical but is sharing his story to inspire others who may feel social prescribing isn't for them. John's isolation was profound; "Although I am known around town," he says, "I am isolated, and do not meet friends and have no friends to visit." This was the result of eight years of "verbal abuse, street photography" and being followed, which he found so distressing that he "stopped going out. I was already in lockdown, even before the pandemic."

After some upsetting incidents in 2021, his doctor gave him a social prescription for the environmental project. John's initial reaction was to "balk at the opportunity 'to give something back to the community'". He felt it was the community that was the reason he needed the prescription in the first place. His real need, he identified, was "to find a better relation with the community" and to "make the friends that I had found locally in short supply." At first, he "felt very much a fish out of water," but found the group "quiet and friendly." The format—involving activities like cutting back, tidying up, painting, and litter picking—was key. "Having an activity when meeting seemed to be important," he notes, "because it allowed conversation to be more casual."

The social prescription "continues to be important" for him. "I am feeling better, less anxious, less under siege," he reports. "The abuse and street photography seem to have all but vanished." He is now learning that "natural friendships to grow in time" and has realised the importance of continued contact, as he finds "anxieties arise when there is a gap of four or five days between seeing people."

Case Study 11: Vinny Cumbo – Lancashire Wildlife Trust's Myplace Group, Bury

Vinny Cumbo, 68, was referred to the Myplace green wellbeing sessions at Philips Park by his link worker from Bury's Beacon Service. He was looking for a social activity and a way to be more physically active, drawing on his past experience as a landscaper. Vinny was struggling with depression and accessing support from Healthy Minds, and also lives with a brain injury that affects his memory. As a committed family man and a carer for his daughter, who has fibromyalgia, the demands on his time were leaving him both mentally and physically tired, with little time for himself.

After an initial chat with the Myplace project officer to ensure all barriers were removed, Vinny joined the weekly Friday group in June 2021 and has been a regular attendee ever since. The varied seasonal activities, from practical conservation to carpentry and nature walks, have enabled him to "rekindle his passion for nature." He has become a "glowing member" of the group, happy to welcome new participants and share his own wide set of skills. The impact, in his own words, is clear: 'Participating in the group has done more for me than taking more medication, I have learnt so much in a short time and it has helped me realise I have skills that I have forgotten. It has definitely improved my mental health and well-being and I enjoy meeting and chatting with other group members.'

Appendix D: Greater Manchester Health Index Scores (2021)

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/>