

NATUREMIND 2024 REPORT

ACCELERATING GREEN
SOCIAL PRESCRIBING



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EXECUTIVE SUMMARY



What was the event?

The third 'NatureMind' conference on Green Social Prescribing was held in Preston on 7th June 2024. The conference was a collaboration between the University of Central Lancashire (UCLan) Social Prescribing Unit and mental health charity Mind Over Mountains.

Who was there?

NatureMind brought together leading practitioners, academics, commissioners and policy makers across the voluntary, private and public sectors with an interest in the effects of the outdoors and nature on physical and mental well-being. Participants attended from the National Academy for Social Prescribing, the Wildlife Trusts, Natural England, the Royal College of Psychiatrists and from a wide variety of other organisations.

What was the outcome?

The conference sought to celebrate the many successes within green social prescribing but also to discuss the barriers and solutions to wider access. Across a range of speakers, panels and workshops, the conference covered a wide range of topics, including:

- The evidence base for green social prescribing and outcome measurement,
- Investment in people and communities,
- The creation of sustainable and efficient funding streams for the sector, and
- The need to reach underrepresented and underserved groups.

What are the key recommendations?

From the conference's thoughtful, engaging and creative narrative comes a vision of green social prescribing's future across the UK, incorporating:

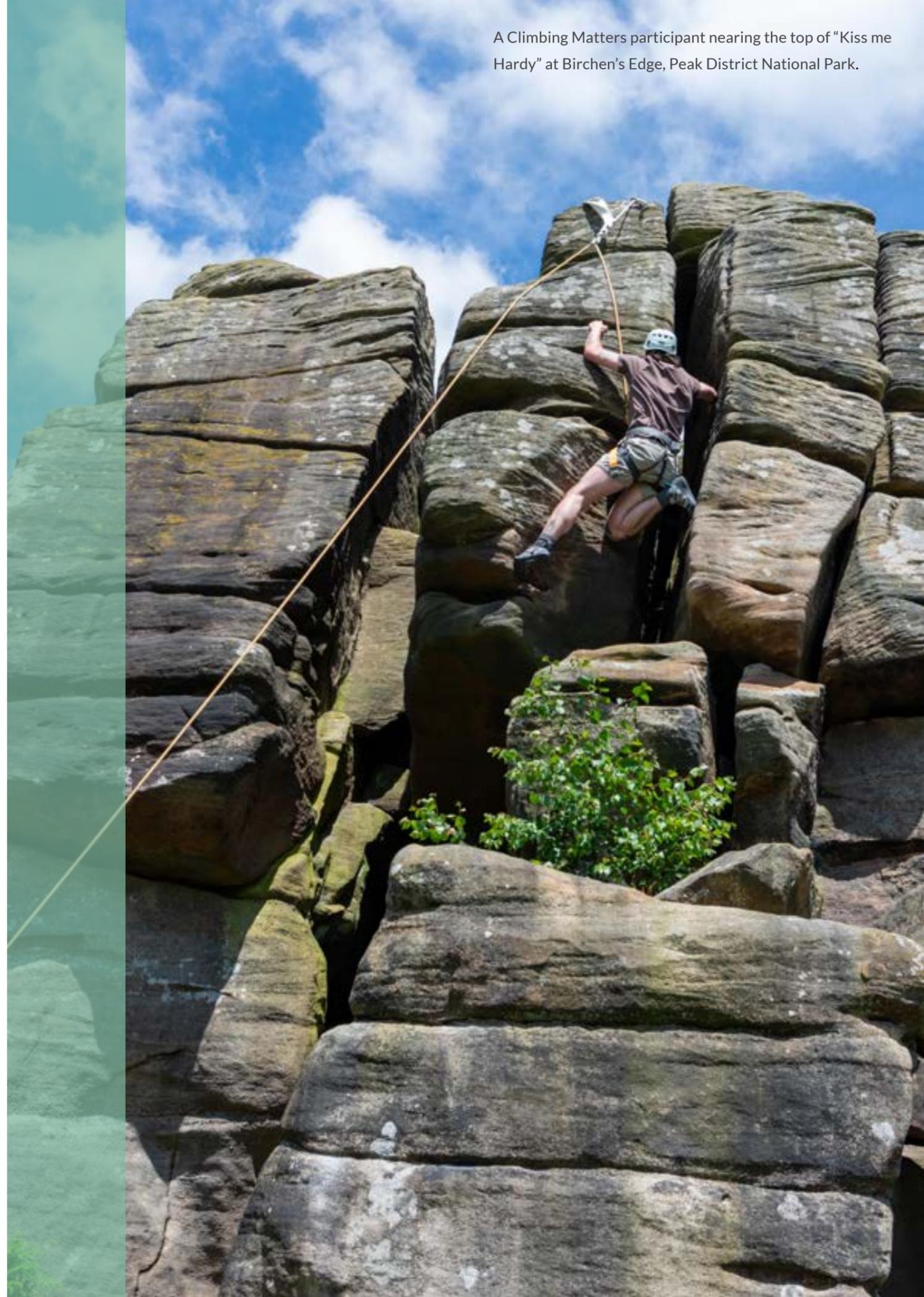
1. The creation of a green social prescribing ecosystem, with:

- Genuine collaboration and a sense of partnership across public, private and third sectors.
- A whole systems approach to nature, physical activity and mental health.
- An NHS-wide focus on promoting access to nature and nature connection.
- A focus on working with employers on approaches to workforce well-being that can integrate nature and physical activity into the working day and encourage and facilitate people to have the time and space to access nature in their time away from work.
- A rigorous focus on reaching all communities – and particularly those underrepresented in nature and underserved by our health system.

2. **A culture shift towards ‘mental fitness’ rather than mental health**, as part of a change in focus towards prevention rather than cure. We need to curate a deeper understanding across the population of the things that will grow resilience and sustain wellbeing over time (including, of course, nature, human connection and physical activity).
3. **A shift towards longer-term, holistic measurement of outcomes, rather than short-term medical model outcomes.** We need to measure what we value most – long-term resilience and behaviour change, rather than focusing on the short-term, lower-value outcomes dictated by a more medical model approach.
4. **Bold and rapid investment in scaling up what can be seen to work.** We need to free up investment capital, ideally through the proposed Social Prescribing Shared Investment Fund, to identify and scale beneficial models – ensuring that impactful provision can be replicated, and beneficial outcomes achieved, quickly.
5. **Investment in recruitment and training in the sector**, to include enhanced training for non-clinical practitioners in good mental health practice, increased numbers of nature-based therapy practitioners, and improved education of GPs and social prescribers in the potential of nature-based approaches.
6. **Good long-term investment in nature connection, outdoor education and preventative behavioural change**, delivered across all ages but particularly through our schools. At its most pertinent level, for instance, the habits and behaviours that can be instilled in the life of a 5-year-old can help to prevent the need for CAMHS interventions 10 years down the line and referrals to adult mental health services 20 plus years later.
7. **Co-location of clinical and non-clinical services into outdoor community hubs and a focus on building the communities in which green social prescribing can thrive.** Outdoor community hubs can bring together local knowledge of available natural resources and nature connection activities with broader interventions that benefit that community (such as financial advice, arts and cultural services, physical activity providers, housing services, and substance abuse services).
8. **The recognition across the system that the climate emergency and our mental health emergency are intimately connected and require an urgent response.** Increasingly, we must recognise that our fundamental human requirement for nature connection means that mental health and planetary health are two sides of the same coin – and must be addressed urgently and together.

Thank you so much to everyone who was involved in any way on the day – as speakers, panellists, workshop leaders, volunteers and participants. We hope that this conference and report will help to inform the development of green social prescribing – and we hope to see you at NatureMind 2025.

A Climbing Matters participant nearing the top of “Kiss me Hardy” at Birchen’s Edge, Peak District National Park.



1

INTRODUCTION



On 7th June 2024, the University of Central Lancashire (UCLAN) Social Prescribing Unit and the mental health charity Mind Over Mountains co-hosted the third 'NatureMind' conference on green social prescribing. The event brought together leading practitioners, academics, commissioners and policy makers from across the voluntary, private and public sectors, all with an interest in the effects of the outdoors and nature on physical and mental well-being.

The conference set out to celebrate successful green social prescribing initiatives and to help identify and overcome the barriers preventing more widespread uptake across the UK. This report's understanding of social prescribing is based on the National Academy for Social Prescribing (NASP) definition:

"a means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription – a non-medical prescription, to improve health and well-being and to strengthen community connections" [1].

Furthermore, NASP describes green social prescribing as "the practice of supporting people to engage in nature-based interventions and activities to improve their mental and physical health" [2].

This report is a summary of the content of the conference presentations and rich panel discussions, with a particular focus on the emerging themes, current challenges and policy recommendations emerging from the day. Acknowledgements of our speakers and panellists are included at the end of this report and we are grateful to all our contributors, workshop leaders and participants for an engaging and lively conference.



“Green social prescribing
is about creating healthy
communities and creating
good health”

RHODA WILKINSON,
LANCASHIRE WILDLIFE TRUST

2

THE CURRENT STRENGTHS OF GREEN SOCIAL PRESCRIBING



2.1 The Evidence Base

The conference celebrated the wealth of data and evidence that exists, from small and medium-sized projects across the UK, which support the benefits of being in nature, connecting with nature, and providing therapeutic interventions within nature. However, the conference expressed a frustration felt across the sector when commissioners ask for yet more proof that what is being done “really works” and for organisations to provide an evidence base comparable to a medical intervention, such as antidepressant prescribing.

Miles Richardson’s team from the University of Derby has done significant work to examine why nature connectedness matters. A systematic review of 50 studies has shown clearly that nature connection correlates closely to individuals feeling good and functioning well. Nature connectedness has been shown to increase vitality, improve meaning and purpose, enhance life satisfaction and personal growth, reduce anxiety, improve body image and promote pro-social behaviour [3]. Similarly valuable studies have been conducted with the Wildlife Trusts across the UK, which have clearly articulated how engaging with nature, engaging in green and blue spaces, can impact so significantly on health and healthcare inequalities [4]. Practitioners on the ground are seeing and hearing firsthand how being outside and in nature can be an escape, and can give purpose, hope and perspective for participants. Interventions in nature allow the individual to be present in that moment without worrying about the future or agonising over the past.

Individual organisations do run their own studies to demonstrate positive outcomes. As an example, the organisation Climbing Matters [5] runs short climbing courses designed to aid the treatment and management of trauma and severe mental health challenges, and can demonstrate good outcomes including symptom relief, improved emotional resilience, improved familial relationships and even smoking cessation. There is evidence in the neurology and neuroscience behind emotional changes in trauma recovery; from challenge and discomfort can come growth and change.

The conference felt it should be answering the perpetual call for more data from funders and commissioners with a plea for a more thoughtful and holistic approach to evaluation. We need to recognize that green social prescribing lacks the research budgets of the pharmaceutical industry. But more importantly, we need to ask why these interventions should need to prove themselves through a medical model, which is often not the best fit for the more holistic outcomes these interventions prioritise. While near-term benefits can be measured through scales like WEMWBS, GAD-7 and PHQ-9, more transformational change over longer periods need to be reflected through individual case studies and stories of beneficial change.

Mind Over Mountains provides walking and talking counselling and coaching combined with mindfulness in green outdoor spaces [6]. While their use of WEMWBS demonstrates clear short-term evidence of significant positive benefits to mental health and wellbeing through their events, this can fail to capture more substantial transformations over time due to sustained behaviour change and increased resilience. For example, a participant who attends a day long wellbeing walk and who develops the habits and strategies that Mind Over Mountains encourages, may months or even years down the line take a short walk in nature at a point of particular stress. They might mindfully reduce their anxiety or distress in a way that avoids a workplace conflict that would otherwise have seen them dismissed from their job. No point-in-time questionnaire is going to capture these wider transformational impacts that are often the most fundamental outcomes of green social prescribing.

Practitioners felt that organisations should not be asked by funders and commissioners to prove outcomes for the sake of it, or simply at the behest of those with financial power. Instead, the overriding requirement of impact measurement should be to improve the delivery and quality of the service. We need continually to ask ourselves whether we really need more data or to deploy further limited resources on research, which the conference believes is already ample. Instead, we need to do more with the data that we already have and encourage a shift away from the 'medical model' lens to a more holistic and person-centred approach, in line with the wider NHS transition towards personalised care. The conference also reflected on the need to avoid one intervention being pitched against another when the context, environment and participants are not matched. Similarly, practitioners are often not trying to prove that a green intervention is in some way 'better' than a medication, but instead that it could helpfully be used alongside and may result in a smaller dose or a shorter duration of medical intervention. Creating these more nuanced approaches to outcomes and to prescribing are felt to be significant priorities in the future development of green social prescribing.

Despite the abundance of positive research evidence, the conference expressed concern at the frequent disconnect between the availability of evidently beneficial green prescribing interventions and the seemingly low uptake of and investment in them. Dr Tim Rigg from Frome Medical Practice suggested that there are other communities and cultures from around the world that we can learn from to try and close this gap. When practicing medicine in New Zealand, Tim observed that the power of the land was integral to Maori society and lifestyle. Within this very distinct approach to wellbeing, if a person loses their connection to nature, their health and wellbeing is felt to suffer as a result. Primary care in New Zealand therefore utilises the outdoors substantially, and helping people connect to nature has helped to reduce the amount of medication prescribed for mental health conditions and the longer-term need for medical interventions. In a similar vein, Dr Helen Monk, a lifestyle medicine practitioner, outlined how our developing understanding of inflammatory disease is becoming better linked to the environments we inhabit. The exposure to harmful substances and toxins that cause inflammation can be linked to many mental health conditions and long-term health conditions, compared to the natural ecosystem in which our bodies were designed to live. In the future we are likely to understand at an epigenetic level how the natural environment can directly change our genetic expression and potentially influence the progression of illness.

Across the sector, however, there is a recognition that economic value (how much interventions cost, the savings made, and at scale) is still of importance and that that measured value will be the only way to engage some audiences. Again, however, substantial evidence already exists such as The Wildlife Trust's research showing that every for 1.2m people reached through green prescribing activities, £100million is achieved in NHS cost savings [7]. This study echoes other cross-sectional studies demonstrating that projects in art, music and nature can all make a big positive impact on the NHS, without necessarily requiring an initial investment from the NHS itself.

Jim Burt, the National Academy for Social Prescribing's Executive Director of Strategy, shared with the conference outcomes from the Government's two year, £5.77m Green Social Prescribing Programme, funded by Treasury and core partners. The programme aimed to test, through seven test and learn sites, how mental ill health can be tackled and prevented through green social prescribing, and ran until March 2023. During this time period, over 8,500 people were referred to nature-based activities across seven test and learn sites around the country, with a positive take up rate of 85%+. 7% of participants were from the most socio-economically deprived areas and 21% of participants were from ethnic minority populations. Participants' wellbeing was measured before and after participation in nature-based activities using ONS4 measures with statistically significant improvements. Happiness increased from an average of 5.3 to 7.5, above the national average of 7.4; Life satisfaction increased from an average of 4.7 to 6.8 (national average 7.5); Feeling that life is worthwhile increased from an average of 5.1 to 6.8 (national average 7.7) The economic value of improvements to individual life satisfaction were estimated, with a social return on investment calculated as £2.42 for every £1 invested, and a total value of £14.0 million [2].

“In 2016, it took longer to get an appointment for my depression and eating disorder as a young man than it did to walk, run and cycle 5000 miles around the UK”

ALEX STANIFORTH
MIND OVER MOUNTAINS



2.2 Investment in People

A fundamental strength of green social prescribing is in the providers and practitioners that facilitate and deliver these experiences and interventions. The conference reflected that while the medical model of intervention has its place and benefits, NHS clinicians are not always the best option for delivering wellbeing provision. A concern expressed within the conference was that funding green social prescribing entirely through the NHS could result in having to adapt highly effective nature-based programmes into a clinical model. This could change the nature of these very holistic relationships and conversations, and lose the intrinsic value of delivering these types of intervention in hyper-local community settings.

The conference heard the benefits of NHS England's peer leader development programme, which trains people with lived experience of accessing care how to change health systems for the better [8]. There was widespread recognition of the need for further and better training for non-clinical practitioners in mental health support; the programmes of The Natural Academy [9] and Circle of Life Rediscovery [10] were noted as providing particularly effective training.

Investment also needs to be made in supporting the training of prescribers, which comes not from online mandatory training but by helping healthcare practitioners to get out into green spaces and feel the impact of nature-based provision for themselves. Social prescribing needs to be delivered in an informed way, not merely by signposting. Any lack of confidence in a provision on the part of a prescriber can be perceived negatively by the patient, who might feel that they are being offered a green social prescription as a cost saving exercise, rather than being the optimal care plan for that person or family.

As a case example, Frome Medical Practice has adopted a model of enhanced primary care and has been at the forefront of social prescribing over the last 10 years via its health connectors team [11]. Health connectors are a team of social prescribers and health coaches in a network of multi-disciplinary integrated healthcare practitioners that are bridging the gap between primary care, secondary care and the community. Health and community connectors have trained over 2000 members of the community in Frome to be able to refer people to facilities and activities in the local community in the same way that social prescribers can do. This has been a successful template that other primary care networks are keen to replicate.

2.3 Investment into local communities

The conference heard that successful local programmes, such as those delivered by Lancashire Wildlife Trust as part of the national Green Social Prescribing Programme, rely on effective investment into local communities, building the referral pathways and connections that can support and sustain this sort of provision. LWT have had to balance the local needs of individuals, communities and the local natural environment with strategic and commercial sense, financial viability and connectivity. Investment in communities needs to be consistent rather than a 'dipping in and out', which results in a finite and limited impact on nature and on individuals.

Co-production with local communities is vital. The best outcomes come through fully understanding a community's challenges and needs and by developing solutions in partnership. This requires representation at all levels and a close partnership with all local stakeholders, particularly those from the public and voluntary sectors. The conference recognized the importance of listening closely to people and communities and of designing programmes that have value in the eyes of the local community as well as value to the state. As Jim Burt from NASP reminded the conference, community based social support represents around 80% of social prescribing, and so effective projects need to reflect both specialist and community support, and their integration. The community level is inevitably where the social determinants of health are best addressed, and where a true "Neighbourhood Health Service" can be developed.

3

THE MAIN BARRIERS AND CHALLENGES OF GREEN SOCIAL PRESCRIBING



3.1 Sustainable and efficient funding

Many of the practitioners and providers of nature-based interventions are found within the voluntary sector – often in the form of small charities and social enterprises. The conference heard from providers that their funding is very typically charitably sourced, fragmented and hard to access. Available grants for programme delivery often come in relatively small amounts and with the expectation of significant outcome reporting requirements, which are sometimes hampered by the holistic nature of many interventions. Many providers struggle to sustain themselves, often living hand to mouth in terms of funding and resources. Demand is vastly outstripping the supply of the available nature-based interventions and the funding model is militating against sustainable growth in the sector.

There was a degree of consensus that, despite widespread expectation to the contrary, funding for growth in prescribed nature-based interventions was unlikely to come from the NHS. Although the NHS will be one beneficiary of growth in green social prescribing it will not be the only public budget holder to benefit from increased wellbeing – and the stark reality is that a cash-strapped NHS may struggle to free up the required resources for prevention that green social prescribing requires. The Institute for Fiscal Studies reported in 2021 that health spending represented 27% of day-to-day public service spending in 2000 and that by 2024 it is forecast to be 44% [12]. This combined with an increase in life expectancy, the rapid increase in complex long-term conditions and degenerative diseases, with a proportional decrease in the working age population, is resulting in a financially unsustainable health care system, one that in the recent words of the Prime Minister needs to “reform or die”. While the sort of prevention opportunities available through green social prescribing could form part of that substantial overhaul of the system, it may be more realistic for investment to be sourced separately to the NHS, perhaps directly from HM Treasury.

3.2 Diversity, inclusivity and access

It was universally agreed that everyone in our society should have access to the outdoors and the wellbeing it provides – the ‘Natural Health Service’ as Mind Over Mountains describes it. However, there was widespread agreement that there are highly variable levels of access to nature, let alone to nature-based interventions. A postcode lottery exists and one which is still substantially skewed towards areas with high levels of social capital. The conference acknowledged the combined barriers of cost, transport, equipment, mindset and opportunity that prevent many from taking part in nature-based activities and therapies.

A lack of access to nature correlates closely to the profound and worsening healthcare inequalities that exist in our society. Research shows clearly that access to nature is significantly reduced for people in areas of significant deprivation and those with higher proportions of minority ethnic and marginalized social groups. The conference recognized that the correlation between poor access to nature and mental ill health is no coincidence. Essentially, outdoor activities and green initiatives are still failing to reach the communities that need it and would benefit from it the most. A Danish study by Engemann et al. in 2019 study reports children who grew up with the lowest levels of green space had up to 55% higher risk of developing a psychiatric disorder independent from effects of other known risk factors [13]. This was starkly evident in COVID, where mental health worsened for the more deprived communities without access to green areas during the most restrictive lockdown measures.

The conference recognized that despite work across many areas of the outdoor industry and by some very dedicated charities and providers to improve access, engagement in the outdoors remains dominated by people who are predominantly white and relatively more privileged. Deon Barrett, founder of the True North Project, noted the encouraging numbers of black people engaging in nature-based activities in our National Parks – but the stark reality is that too many parts of our society are underrepresented in the outdoors and missing out on nature’s healing power. More work is required to make outdoor spaces feel safe and welcome to minority and marginalized communities of all types. The conference welcomed the work of initiatives like Youth Hostel Association’s Outdoor Citizens programme, in working to make the outdoors accessible to all and providing a gathering point for like-minded providers [13]. But the conference also recognized both the moral imperative and commercial opportunity that exists for the outdoor industry to help make access to the outdoors more equitable.

3.3 The NHS

No one can deny the overwhelming benefits provided by the NHS, but the conference heard and recognized that it is a system that is now substantially overwhelmed itself and in need of significant change. The conference also reflected on the degree to which social prescribing, which is about prevention and restoring maintaining ‘mental fitness’ and not necessarily treating ill health, should necessarily be the province of the NHS.

While there are many examples of doctors and allied health professionals across multiple specialties who are working very effectively in the area of green social prescribing, practitioners often report the infrastructure and bureaucracy of the NHS to be a hindrance to the uptake and development of initiatives, rather than the supportive collaborative partner they had envisioned. When compared to other countries and healthcare systems, the NHS is considered by some as holding on too tightly to rules, regulations, guidelines, bureaucracy and managerial ‘red-tape’ and too rarely providing the space, support or energy to support innovative ideas and new enterprises. There was a strong feeling that there is a significant amount of work to be done in creating a culture shift, particularly within primary care, towards the benefits of green social prescribing. For many NHS practitioners there is a lack of understanding and appreciation for what green social prescribing can offer and the necessary education and experiential training for clinical and non-clinical staff comes in the context of an overstretched system, with already high levels of ill health and burnout.



“Green social prescribing and nature based activities have a massive contribution to play in providing a low cost, high impact offer that can work alongside the health system”

JIM BURT, NATIONAL ACADEMY FOR SOCIAL PRESCRIBING

4

THE SOLUTIONS TO OVERCOMING THESE BARRIERS



4.1 Individual level solutions

At an individual level the conference heard and recognised the power of individual stories. Stories that follow a patient along referral pathways can help the health system to better understand who they are and what they genuinely need. A more holistic, person-centred approach can result in a change from simply altering medication based on how a patient is feeling that day to recognizing that that individual, who is sustained by being outside, simply lacks the means and the motivation to do so. Finding them a dog and a walking buddy can result in a radically reduced need for GP appointments or medication. The lived experience of successful social prescribing is that the power of individual stories can yield very significant savings if repeated across hundreds or thousands of patients.

Who tells these stories can also be important. Sometimes a message has more impact if comes from an unusual or unexpected source. The Wildlife Trust's collaboration with the charity Shelter in relation to social housing projects has enabled both organisations to speak into the need for social housing to be built with access to nature, ensuring a stronger impact and meaningful change.

Practitioners and providers in this sector agreed for the need to have the confidence in their skills, expertise and outcomes. Successes should be celebrated, activities and interventions widely communicated and promoted and pride taken in achievements. And there was a strong sense that what works needs to be adopted and scaled quickly, with less waiting for permission or aiming for 'gold standard' research outcomes before adopting a particular practice. It was felt that if practitioners understand the benefits and can provide safe interventions with minimal risk of harm, a shift may occur towards 'just doing it' and allowing others to join in turn as they see the benefits for themselves.

The conference heard that training for individuals and teams needs to change. Undergraduate and postgraduate medical education can and should adopt more outdoor experiential learning with a specific focus on social prescribing. Training does not have to be complex, for example a team away day adopting the ecoCAMHS top tips for climate, nature and wellbeing. Training must also be accessible, like the online training module designed by Dr William Bird on how to bring nature into the GP consultation and how to talk about nature and mental health meaningfully with people. Using the benefits of green social prescribing can start by supporting our healthcare workforce and providing them with nature-based interventions that become fully integrated into the working day and contribute to a positive culture shift towards green social prescribing.

4.2 Community level solutions

Communities are the cornerstone of social prescribing. The conference heard that investment needs to prioritise depleted communities and to focus not just on delivering clinical and non-clinical “staff” but on enhancing community resources too. To be successful, social prescribing needs to be built on thriving rather than merely surviving communities. And in building successful social prescribing provision, communities need to be listened to and understood, and to be integral in the design and delivery of interventions.

The conference heard that nature recovery will require more people to become more comfortable in nature and to put time and energy into their own local environment. This needs to happen right through the generations, but the conference recognised a particular need to promote outdoor education, to teach the next generation how to connect with nature so that they can look after it and to gain the benefits to their wellbeing. The conference heard that contact and connection with the natural environment are not the same thing, the benefits of connecting with nature doubling, compared to merely being present in the natural environment. People that score highly on nature connection also typically recycle, and will take action, and donate time and money to protect their environment. To encourage people to make these beneficial changes to their lives and to society, they need to feel connected to and value the natural environment. Much of that can, and should, take place in our schools.

The conference also recognized the network and community brought together by events like NatureMind, bringing together skills, expertise and passion from across the whole field of green social prescribing. There is evidently a strong, powerful and growing community of practice in this sector, with emerging thought and practical leadership that needs support and encouragement to thrive.

4.3 System level solutions

The conference reflected that, in building and developing green social prescribing, we can take our lesson from nature. No single element can work in isolation, and instead sustainable green social prescribing solutions need to exist within a healthy ecosystem. It was widely felt that the impetus for change must come not from the NHS alone, but as part of a whole systems approach. To maximise the opportunities for success, this must incorporate cross-sector collaborations between health, social care, housing, education, communities, transport, sport and leisure, arts and culture – all investing in communities via a cross-government approach, working in partnership with the NHS. The health and well-being of the nation is the business of all parts of government and should be funded and supported as holistically as possible.

Interest in wellbeing also goes beyond the state. While the conference heard the moral imperative for corporates to ensure their employees’ wellbeing, it also recognized the commercial benefits for business in having healthier and more productive staff. At a time at which statutory resources are stretched, business has both the means and the motive to make a significant contribution and could form a meaningful part of the green social prescribing movement. Bringing these resources and an investment mindset into this sphere could be of significant societal benefit.

The current reality is that the provision of green social prescribing is varied and patchy across the UK. The conference recognized the need for a national platform where prescribers can engage with providers and vice-versa, making it much easier to identify an appropriate intervention for an individual. As Jim Burt explained, the Green Social Prescribing programme is intended to be rolled out across all 42 ICSs with 5-year funding commitment from April 2025. Developing that commitment into a 10 year £1 billion Social Prescribing Shared Investment Fund for all 42 ICSs, commensurate in scale to the investment in link workers (£100m/yr), would improve health and wellbeing outcomes, reduce inequalities, moderate avoidable demand on the NHS, strengthen civic society, and support economic growth.

This shared investment fund could be funded jointly through i) national investment of £50m/year by HM Treasury and/or National Lottery and ii) by Integrated Care Systems on a 90p/head of population formula. Jim stressed to the conference that this sort of funding formula will only work by providing continuous funding from statutory organisations, NHS and private and philanthropic organisations over a sustained period. And again, this approach suggests strongly the need for the funding mechanism to sit outside of the NHS, not within it. Such a mechanism, with a joint partnership between national and regional investment through ICSs, will also enable distinct approaches to be delivered region by region.

5

A VISION OF GREEN SOCIAL PRESCRIBING IN THE FUTURE

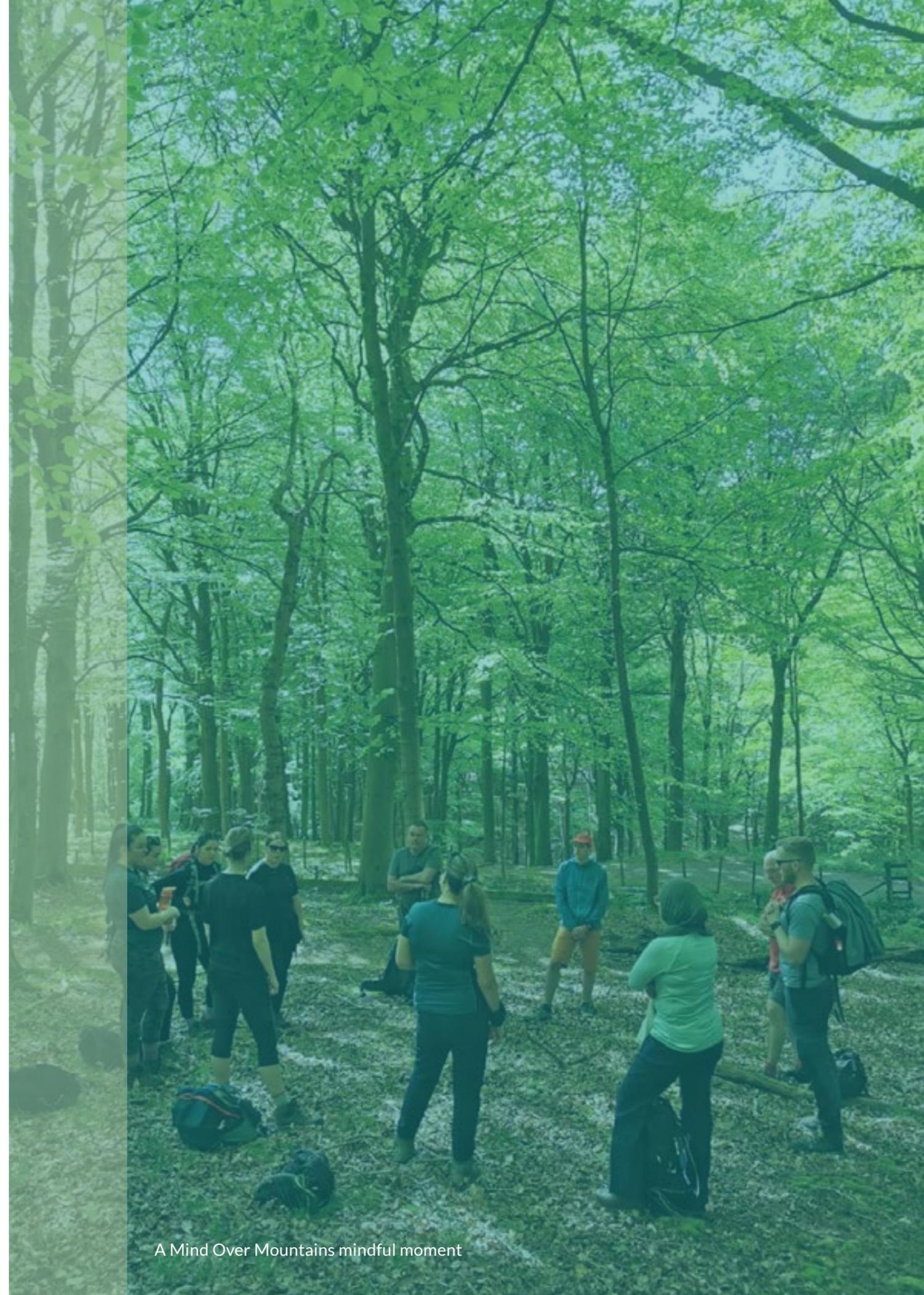


From the conference's thoughtful, engaging and creative narrative, comes a vision of green social prescribing's future across the UK, incorporating:

1. **The creation of a green social prescribing ecosystem, with:**
 - Genuine collaboration and a sense of partnership across public, private and third sectors.
 - A whole systems approach to nature, physical activity and mental health.
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7. **Co-location of clinical and non-clinical services into outdoor community hubs and a focus on building the communities in which green social prescribing can thrive.** Outdoor community hubs can bring together local knowledge of available natural resources and nature connection activities with broader interventions that benefit that community (such as financial advice, arts and cultural services, physical activity providers, housing services, and substance abuse services).
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Thank you so much to everyone who was involved in any way on the day – as speakers, panellists, workshop leaders, volunteers and participants. We hope that this conference and report will help to inform the development of green social prescribing – and we hope to see you at NatureMind 2025.

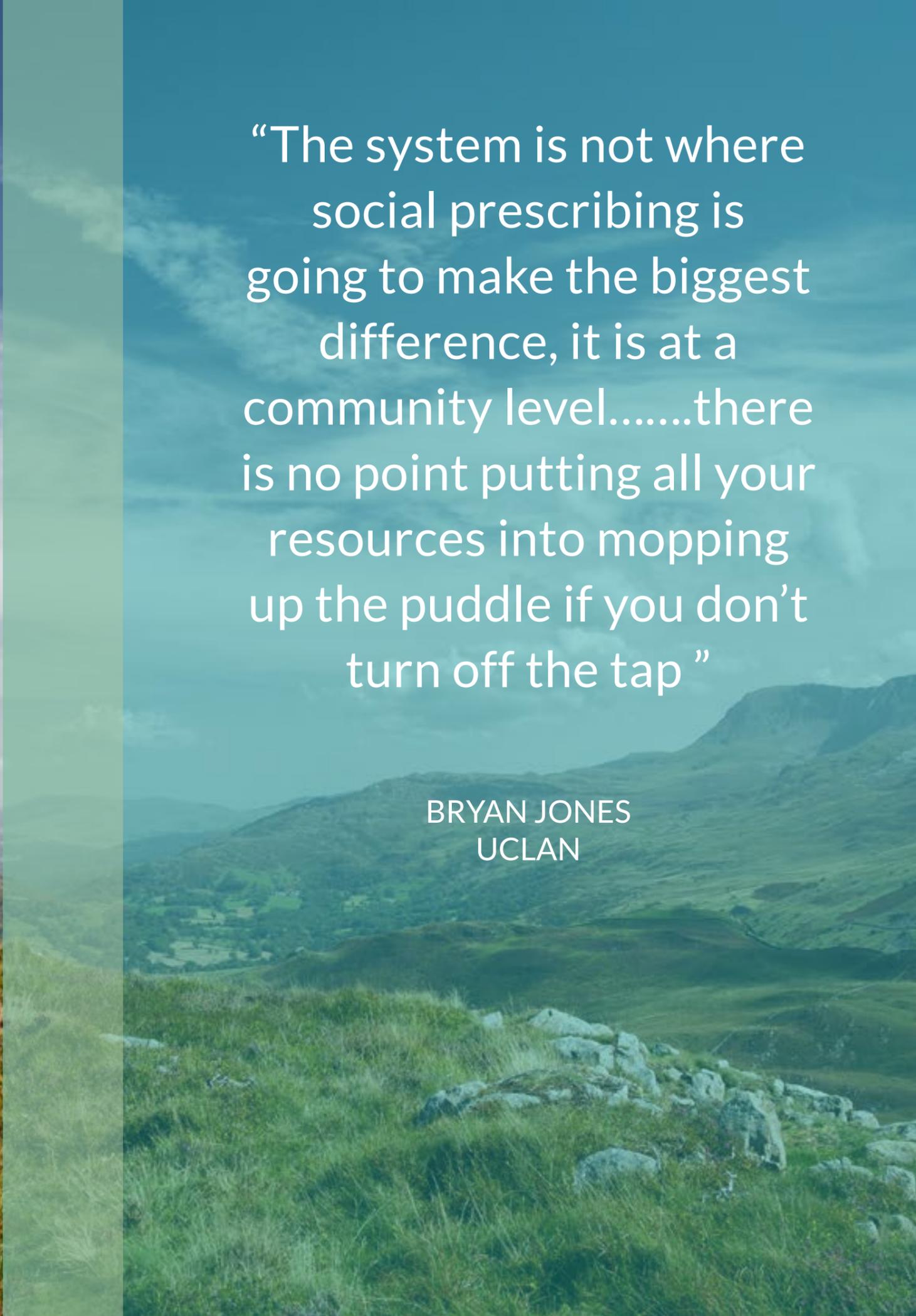


A Mind Over Mountains mindful moment



“The system is not where social prescribing is going to make the biggest difference, it is at a community level.....there is no point putting all your resources into mopping up the puddle if you don't turn off the tap ”

BRYAN JONES
UCLAN



6

FINAL WORDS



Given the undoubted success of England's experiment with green social prescribing, through the deep learning achieved from the seven test and learn sites, the opportunities for further growth and development are clear. The potential for significant beneficial outcomes across our population is evident, and further impetus and investment is now required to avoid a loss of momentum.

The green social prescribing movement is one that gives people the opportunity to more fully understand the benefits of nature on their wellbeing and to address their health needs themselves, within their communities. Empowering and encouraging every generation to participate in good quality, local, evidence-based, green space initiatives will not only deliver health benefits but enhance social purpose, and improve our connection to nature and to each other. Green social prescribing can help to deliver thriving local communities, reduce the strain on our health system and contribute to nature recovery across the UK. For this to be achieved, nature connection needs to become so integrated into our schools, workplaces and daily lives that we will look back in confusion to the time when we had to actively 'prescribe' it.

Acknowledgements

Many thanks go to all our speakers and panelists of NatureMind who provided the content for this report:

Dr Nick Barnes, RCPsych EcoCAMHS

Deon Barrett, True North Project

Jim Burt, Executive Director of Strategy, National Academy for Social Prescribing

Richard Chapman, Climbing Matters

Paul Foster, Chief Executive, Burnley Leisure and Culture

Bryan Jones, Head of School of Health, Social Work and Sport, University of Central Lancashire

Dom Higgins, Head of Health and Education, The Wildlife Trusts

Dr Radha Modgil

Dr Helen Monk

Dr Tim Rigg, Frome Medical Practice

Ian Sansbury, CEO, Mind Over Mountains

David Smithson, Director of Communications and External Affairs, Anxiety UK

Social Prescribing Unit, University of Central Lancashire

Alex Staniforth, Co-founder, Mind Over Mountains

Dr Robynne Wadsworth, Mind Over Mountains / EcoCAMHS

Richard Whall, University of Central Lancashire

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