**Community co-design: Green Social Prescribing in South Yorkshire and Bassetlaw**

**Context**

[The Green Social Prescribing Programme to Tackle and Prevent Mental Ill-health](https://www.england.nhs.uk/personalisedcare/social-prescribing/green-social-prescribing/) is a £5.7 million cross-government programme. The programme is testing how green social prescribing can be embedded into local social prescribing schemes and mental health services to:

* Improve mental health and wellbeing
* Reduce health inequalities
* Reduce demand on the health and social care system
* Maximise use of green space and improve access to green space for all
* Improve the resilience of the green sector to deliver green social prescribing activities that meet the mental health needs of local people.

**South Yorkshire and Bassetlaw**

In [South Yorkshire and Bassetlaw (SYB) test and learn site](https://sybics.co.uk/green-social-prescribing) a comprehensive co-design programme with local communities has informed grant criteria and the selection of green and blue social prescribing (GBSP) activities to fund through the programme.

Ensuring that the voice of people with lived experience of mental ill-health informs the development of GBSP activities is a core feature of the programme.

**The team**

The SYB GSP team, led by SYB ICS aims to work collaboratively across health, care and community and voluntary organisations to improve people’s mental and physical health through GBSP. The aim is to improve access to green and blue space for everyone, focusing most on those most negatively affected by the pandemic, i.e. people living in areas of social and economic deprivation, people from ethnic minority communities, children and young people and those who are clinically extremely vulnerable.

The partnership recognised that working with local people; those with lived experience of mental ill-health and people who experience inequalities in access to more traditional interventions, was essential to be able to develop and deliver services which people will use.

In the spirit of collaboration, they commissioned a green provider, Sheffield and Rotherham Wildlife Trust (SRWT) to do this work. SRWT led a thorough mapping, scoping and co-design work programme, with local communities and partners across South Yorkshire and Bassetlaw, to strengthen the suite of green offers and pathways.

**What did they do?**

The team took a place-based approach and worked with local communities to co-design a series of half day workshops in each of the 5 places within SYB ICS. The purpose of the workshops was to explore the barriers and opportunities, suggested solutions and support needed to deliver inclusive and accessible GBSP services. It was hoped that this work would result in services which are delivered in a way which makes sense to local people and that would engage people from across the whole community.

The workshops were complimented by further insight work that used a mix of questionnaires, visits to GBSP groups, meetings and phone calls. People involved in this co-design project included service users, groups and representatives from target communities, providers of GBSP activities and interventions and social prescribing link workers.

Additional mapping of natural capital, facilities and the availability of green and blue activities and interventions across the ICS footprint ensured that recommendations were rooted in what is possible.

**Why was co-design important?**

Local people gave valuable insight into how to present GBSP in ways which were easy to understand across different communities. Getting the language right about mental ill-health and how GSP activities can improve mental and physical health was key. This voice influenced what services would look like, for example requesting that services needed to be easy to get to, delivered where people live, in areas where there are the greatest health needs.

There was a strong consensus that services need to appeal to and be easy to use by people who are likely to benefit most from them, but who may be least likely to be able to access them, for example people within health inclusion or marginalised groups. They also provided information about how green spaces could be improved to feel safe and be accessible to local communities.

In addition, important insights were shared about the need to broaden referral pathways to encompass referrals from community groups and trusted community connectors, alongside health services. This was to ensure that people who may be less likely to access primary care services, including people from Black, Asian and Minority Ethnic (BAME) communities, would still have access to GBSP services.

**Outcome**

This work led to the development of a global set of grant criteria aimed at making services more accessible, inclusive and safe to use. In addition, specific additional criteria were developed to take account of the needs of different communities in each place. For example, in Barnsley, where children and young people are a target group to test and deliver GBSP services to, there was a requirement for grant applicants to incorporate an educational element to their offer. This is to address feedback from young people that developing vocational skills and having some recognition of this is an important driver for them in taking up the offer of GBSP activities.

Insights from talking to people from BAME communities highlighted the need to work through trusted community leaders and groups to build trust and ensure that members of the BAME community are aware of GBSP services and can access them. It was suggested that promoting case studies which feature people from BAME backgrounds and using communication channels favoured by them could increase visibility and engagement, along with cultural competency for GBSP providers and social prescribing link workers.

People with lived experience of mental ill-health worked with other experts to provide a rounded view of what was important to look for in successful projects and grant assessment panels made joint decisions about which projects to fund in each place.

In total 39 projects which fulfilled the co-designed criteria were funded across the 5 places.

The project has been very successful in engaging people referred and in the first 2.5 months, 235 people have been supported.

**What happens next?**

A secondary benefit of the co-design work was that it helped to develop trusting relationships between local people, GBSP providers and health. For example, one of the objectives of the programme is to increase the understanding of the benefits of GBSP by health professionals and for GBSP providers to understand more about referral processes. By bringing people together, the co-design process expediated this process and has led to a thriving GBSP provider network. The co-design approach has continued into building relationships across the GBSP provider network, where the structure and content of the sessions is co-designed with the partners involved.

This approach also has underpinned the structure of the community of practice sessions for grant recipients. This has meant the organisations involved have been able to input into what they need from the community of practice, and how they want to connect and work with their fellow recipients to share best practice.