

# Networking and public health funding opportunities



Beren Aldridge explains how Growing Well has developed and shares his experiences of working with his local authority and GP Clinical Commissioning Group (CCG) to recruit farm volunteers. He also shares his experiences of accessing grant funding and his hopes for the future of Care Farm UK, for whom he is Chairperson.

- Growing Well grows organic produce (to field scale) near Kendal, Cumbria, and delivers accredited training in horticulture. The business provides work opportunities for people recovering from mental health problems.
- Growing Well was set up by Beren Aldridge in 2004. The land and buildings are rented from a tenanted National Trust farm, on whose land it is based and which has a farm shop that Growing Well supplies.
- The organisation's mission is to promote mental well-being and organic horticulture through being a successful, inspirational, community-focused social enterprise.

[www.growingwell.co.uk](http://www.growingwell.co.uk)

## ***When you first set-up Growing Well, why did you decide to focus on mental health?***

We started by writing a business plan identifying gaps in the market. Kendal College had previously attempted to offer horticultural training provision but had given up as they couldn't afford premises. So there was a market gap for horticultural training. I had worked in mental health and had a lot of clients coming to me wanting to work outdoors, but there was no mental health specific outdoor organisation, so there was a gap there. We also knew there was an interest in a local vegetable box scheme. It's about working out what the gaps are, finding out what other organisations are doing in your area, so you don't set yourself up in competition with someone.



***How have you been working with your local authority and GPs to recruit farm volunteers?***

Social care placements in mental health are set up by Community Mental Health Teams, which are multi-disciplinary and include both social care staff such as social workers and support workers, and NHS staff, such as Community Psychiatric Nurses and Occupational Therapists. Up to now our contract for providing opportunities for volunteers through personalised budgets has been a social care contract with the local authority. However, local authority contracts were squeezed in 2010 with spending cuts so we looked at alternatives and thought GP commissioning groups were the people to speak to, because it was clear that GPs were getting more control over their budgets and NHS reforms were more advanced in Cumbria than most of the country.

Pretty early on we realised that it is not individual GP surgeries that would pay for their patients to come and work with us but that Clinical Commissioning Groups (CCGs) would establish a contract so that any GP in the area could send a patient to us under the CCG contract. We made a couple of approaches to the CCG with plans which were rebuffed due to a lack of funds, so we went away and wrote a grant application to Northern Rock Foundation who were interested in our work, specifically trying to identify a way into GP commissioning. A lead local mental health GP suggested collaborating with another charity locally which did work with people with mental health problems in an indoor setting, so we established a pilot. It has been running for a year and has probably taken us the whole year to make inroads into GPs practices and to get GPs to start making referrals. We are by no means there yet, we are only hitting probably a third of the practices and only a quarter to a third of the GP's in those practices. In social services you speak to a manager and find out what is going to happen, that then cascades down to all his or her staff, but there isn't that same management structure for GPs. We have a volunteer coordinator whose job it is to promote what we do, writing to GP's, going to practice meetings, meeting practice managers, all those sort of things, to enable referrals to happen.



***When you have a referral how does that generate an income for you?***

We have a grant that pays for our work with volunteers who are referred over a three year period. The grant is from Northern Rock Foundation, and we have subsequently obtained a second grant from Cumbria County Council. But we are not being paid by the Clinical Commissioning Group themselves. Even though the CCG is in place it is still very much at an individual GP level that you have to make the case. It's each individual GP and practice nurse so you are trying to influence 200 or 300 enormously busy and unavailable people who won't read their emails. It's quite a task.

But I think we stand as good a chance as anybody of developing a contract with the CCGs, the noises we are getting are good, we have a good ally in the lead mental health GP and the commissioning manager both of whom feel Growing Well's services are really beneficial. If we can get good evaluation data and good feedback from GP practices that this is valuable to them, we will have a good case for the CCG to award us a contract. The task is getting GP's to think we are valuable.

***So in a sense just the fact that there is a GP Clinical Commissioning Group doesn't make it any easier to promote your services, but potentially there is an avenue of funding for the future when you have your evidence base?***

Exactly. Really it is no different to having a Primary Care Trust that commissioned services that GPs could access, the difference is that there is more of a sense of ownership by the GPs, there is more of a connection between the commissioning function and the GPs themselves.

***So you are hoping to get to the position where you are getting paid referrals directly from the CCG, but for now you are using the other grants to build up momentum and then when they come to an end you would hope to get contract direct from the CCG. Then volunteers would access your services on prescription?***

Yes, essentially, which is what is happening now but it is not being funded by the NHS. What we need to establish is for funding to come from a local budget, with Growing Well considered a valuable service locally that should continue.



***How did you first make the link, how did you first get into the network of who you need to speak to find out about CCGs and GP surgeries, how did it happen?***

I have always spent a lot of time networking. I joined the Council for Voluntary Services (CVS), and then joined a forum on charity, health and well-being. Out of that I joined a forum for organisations that worked in mental health. I chaired that for three years and that gave me access to managers in local authorities and to some extent the NHS because I was seen as the liaison between them and the mental health sector. I developed contacts who knew who key people were, and put my Growing Well hat on and could talk to people about our services.

***How can LNFYS hosts get in contact with their commissioners, is that publicly available knowledge?***

Networking is key, find other charities closely aligned with what you want to do, speak to them and ask who you should contact and speak to. Find people in the centre of relevant networks who can recommend the people you need to speak to.

***You mentioned about your charitable status, how was that process of getting set up as a charity?***

Growing Well has always had a charitable structure from the start. We are not registered with the Charity Commission but we do have charitable status. We worked with a group called Cooperative Mutual Solutions, who support the establishment of charities and did all the legal work for us. However, if I had it to do again I would set it up as a registered charity because we cannot access quite a few grants that are only for registered charities. Some trusts, especially smaller ones, try to keep things simple and will only work with registered charities.

***We are looking at whether it is a viable proposition for LNFYS hosts who deliver visits as part of their business to set up as a charity or perhaps a social enterprise. What would your advice be to someone who was delivering visits but wanted to develop their care farming services further?***

Setting up as a charity is a way to get grant funding and deliver your services. I don't see how we could possibly do what we do without being able to access grants, it's just not possible. Setting up a charitable structure is quite a lot of work though, if you only want to do a few visits.

A social enterprise is a method of doing business, having a business with social aims as well as profit aims. You can be a social enterprise and not use any grants but run a business in such a way to deliver social benefits.



***And what about your future funding plans, you hope to work with CCGs?***

We do work in an enterprising way as we treat grants as a market. We think when we market ourselves it is to grant funders as well as to the NHS. We can't charge anymore than what we do to schools, we charge £4 a head for school visits because transport charges are so high in this area we can't charge anymore. Fundraising needs to be done in a corporate way. It is a very hard time right now for anyone looking to sustain a grant funded programme without accessing more grant.

***We talked earlier about gathering evidence of impact. At the moment do your volunteers fill out questionnaires when they leave Growing Well?***

No, the way we do it is that every volunteer has a monthly one to one meeting with our volunteer coordinator, where they go through a semi-structured interview, which we then take notes of and build up a qualitative body of information about change. Then at the end of it we get them to score themselves on the Warwick and Edinburgh mental well-being scale, which we have only been using for a year and the jury is still out as to whether it is the right scale for us to use and if it asks the right questions. The advantage is that it takes about 30 seconds to complete. Volunteers seem happy to complete that. We haven't got enough data yet to be able to analyse it in any significant way, sometimes we see big changes and other times we don't see any change.

***Finally, with your care farming hat on, as the new Chairperson of Care Farm UK, what is your vision for the national network of Care Farms and how can you incorporate people who are asking themselves "is care farming for me"?***

What Care Farming UK is doing is providing a profile for the whole notion of care farming and networking farmers together by enabling them to find out where other farms are, so that they can make personal contact. I think there is a task for raising the profile of care farming in government and identifying the departments where care farming can be considered so that when commissioning decisions are made at a local level they are being done in the context of a national picture that includes care farming as one aspect. Care Farming UK is looking at the whole notion of quality mark, a quality standard, and a working group is currently assessing quality standard options.



## In a nutshell!

- In 2010 Beren spoke to GP Clinical Commissioning Groups (CCGs) because it was clear that GPs were getting more control over their budgets. He had previously invested considerable time and effort in networking with other organisations and health professionals.
- Even though the CCG is in place it is necessary to promote services at the level of individual GP surgeries.
- Due to the development of positive relationships with health professionals who understand the benefits Growing Well deliver, and a growing evidence base of impact, Growing Well have a good chance of developing a contract with the CCG.
- Networking is key, and it is important to find other organisations closely aligned with what you want to do. Speak to them and find out which commissioners you need to contact.
- Consider setting up as a registered charity because some trusts, especially smaller ones, will only work with registered charities.

