

Natural England Commissioned Report NECR194

Expanding delivery of care farming services to health and social care commissioners

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Executive Summary

Background:

Care farming is one of a number of approaches which are more generically described as 'green care'¹. Care farms provide health, social and educational care services through programmes of farming-related activities for a wide range of vulnerable people including those with learning disabilities, people with Autism Spectrum Disorders (ASD), those with a drug history, or on probation, disaffected young people and elderly people, as well as those suffering from the effects of work-related stress or mental health issues.

There are approximately 230 care farms in the UK (194 of these are in England) (Care Farming UK, 2014) with an additional 25 care farms in the Republic of Ireland (SoFab, 2014). A wide range of commissioning organisations currently commission care farm services, but the majority of farms have clients referred to them by social services,

Community Mental Health Teams and education services; together with clients who are self-referred, referred by family or referred from 'other' sources (Hine et al., 2008; Bragg, 2013). In 2014, Natural England engaged Care Farming UK (CFUK) to undertake a review of the care farming sector in order to better define the full range of services provided. The findings from the 2014 review of the care farming sector, "*Care Farming: Defining the 'offer' in England*"² (Bragg et al. 2014) identified a significant under-utilisation of existing care farming services and made a number of recommendations for action to encourage further development of the sector.

Aim:

This report presents a follow-on research study for Natural England, which aims to develop an understanding of how care farmers are currently engaging with health and social care commissioners; to discover the key information needed by those commissioners to enable larger scale commissioning of care farming services; and to determine the best means of providing this information at both local and national levels.

Key findings:

- A total of 29 commissioners took part in the study, representing a range of commissioning roles and contexts including those: from Clinical Commissioning Groups (CCGs, 4); with a health care role (5); from Local Authorities (adult social care, mental health and drug and alcohol services) (9); and from public health (11). Twenty four care farmers (representing all the English regions) took part in the study;
- Healthcare commissioners are still largely unaware of care farming and those who have heard of it often do not fully understand either the concept or the potential benefits;
- There are three main routes to commissioning care farm services through health and social care:
 - a. Commissioning bodies (CCGs and LAs) for small-scale or individual contracts;
 - b. Commissioning bodies (CCGs and LAs) for large-scale contracts;
 - c. Individual service users with personalised health or social care budgets;
- All care farms examined in the study have service users referred through Local Authority teams but only 17% care farmers received referrals through their CCG - in

¹ also include interventions such as social and therapeutic horticulture, animal-assisted activities, ecotherapy, wilderness therapy and facilitated environmental conservation

² <http://publications.naturalengland.org.uk/publication/6186330996342784>

the form of 'social prescribing' or something similar (route a); 2 of the care farms in the study are currently accessing clients through large scale contracts as a result of being part of a consortium (route b); but increasing numbers of service users come through personal social care budgets (route c);

- Commissioners supported the development of consortia to allow greater commissioning to care farms, but felt that these would be best comprised of organisations offering a range of different types of care for a particular user group. Many care farmers are already operating in such partnerships (both formally and informally) and the majority said they would be interested in developing links in order to provide a range of opportunities or a larger 'offer';
- The commissioners in the study support care farmers adopting the Care Farming UK Code of Practice as a minimum standard in order to demonstrate a consistent standard across the sector. Similarly there was broad support for the Care Farming UK Code of Practice from care farmers;
- Commissioners highlighted the importance of collating both generic and care farm specific evidence of a broad range of care farming outcomes including clinical and generic health, wellbeing, social functioning outcomes, evidence of reduced service use and also cost-benefit analysis. All of the care farmers agreed that commissioners were placing an increased and more explicit focus on outcomes and recognised the need to evaluate effectiveness (but were unclear about how they might evidence, quantify or value such outcomes).

Discussion:

The findings of this study have demonstrated that the changes in the health and social care landscape are impacting on commissioners, service providers and service users alike. Changes in public spending have led to reductions in available resources for the delivery of community-based health and social care, and there is also an increased requirement to engage with individuals who are commissioning their own services through the personalisation agenda. Commissioners are reducing transaction costs by awarding fewer, larger scale service contracts, whilst seeking simultaneously to support more innovative services. Developing an understanding of these changing processes and associated local priorities combined with providing care farm services which target these priorities, should enable care farmers and other nature-based providers to engage and deliver services effectively.

Many CCGs are still in the process of assessing the type of service provision they require rather than having reached the point where they are actually looking at commissioning new services. The use of direct payments has changed the commissioning landscape in relation to Local Authority services, and personalisation in healthcare might similarly impact on future contract commissioning on the part of CCGs and other healthcare provision.

Increasingly, consortia are seen as a way to enable third sector service providers to engage with larger health and social care tendering opportunities and are thought to be particularly beneficial for relatively small service providers. These relationships are likely to help all participating care farmers to enable them to access the larger contracts that are out of the reach of individual providers, particularly if consortia are for services that engage with particular client groups.

This study has identified three main routes to commissioning care farm services through health and social care:

- i) **Through commissioning bodies (CCGs and LAs) for small-scale or individual contracts.** These are contracts for small numbers or for individual service users; currently the most common contracts for care farming services from LAs; also

sometimes derived from specific grant funding to support innovative practices such as social prescribing (Box 5.1);

- ii) **Through commissioning bodies (CCGs and LAs) for large-scale contracts.** These are contracts/tenders for larger numbers of service users increasingly preferred by CCGs; such large contracts are not currently accessed by care farmers; there is a need for care farmers to develop partnerships and consortia to enable large-scale provision;
- iii) **Through individual service users with personalised health or social care budgets.** These are contracts for care for an individual; currently some care farm services are provided for those in receipt of personal social care budgets; as yet, not many through personal health budgets; there is a need for care farmers to engage with individuals, their families and their support workers to facilitate these contracts.

Commissioners in this study expressed a desire for a consistent quality of service across the care farming sector and supported the uptake of the care farming Code of Practice. Care farmers also identified the need to ensure that those who provide a care farm service are operating to a comparable and acceptable standard. Care Farming UK introduced the care farming Code of Practice and CEVAS training to address this issue and care farmers widely support these initiatives.

The emphasis on the integration of health and social care through CCGs and Local Authorities is likely to provide excellent opportunities for care farms, which already focus on providing integrated care. Typically care farms provide a holistic service that delivers multiple outcomes for people with a wide range of personal needs - a fundamental strength of care farming. Highlighting this will help to raise awareness of the suitability of care farms in providing the sort of integrated service desired by both policy makers and service commissioners.

Recommendations:

Raising awareness of care farming

Although Local Authorities in some areas are commissioning care farming services, many health and social care commissioners remain unaware of care farming and the associated benefits at the strategic and operational level. In addition, the general public, including many current and potential service users and their families, are also unaware of the benefits of care farming or even of its existence as a treatment option:

1. **Care Farming UK, needs to work with other supporting organisations to significantly improve the promotion of care farming services at a national level to:**
 - **the general public** (including potential service users, carers and their families);
 - **to strategic health and social care commissioning agencies** (such as: NHS England, Public Health England and the Local Government Association);
 - **to patient representation bodies and specialist advice organisations** (e.g. MIND, Alzheimer's Society) **and should also support regional or county networks of care farmers to promote care farming at the local level to potential service users and commissioners.**

Promoting care farm services to commissioners

There are three main types of health and social care commissioning contract available for care farm services: i) small-scale or individual contracts through CCGs and LAs; ii) large-scale contracts through CCGs and LAs; and iii) personalised health or social care budgets through individual service users. Care farmers therefore need to align their business strategies to one or more of these three types of contract if they want to effectively engage commissioners and service users:

2. **Care Farming UK should develop a range of online resources for care farmers and brigade these products and services under the 3 commissioning pathways to enable care farmers to promote the care farming sector at the local level;**

- 3. Care Farming UK should provide guidance to care farmers on how to access relevant information on local health and social priorities and on how to market their care farming offer to address these needs.**

A lack of information on available placements was identified by commissioners in the study as a barrier to care farm commissioning, therefore up to date information on available care farm placements needs to be widely available:

- 4. There is an urgent need for Care Farming UK to make information on all care farms in the UK available on their website, to enable commissioners to locate care farms in their area, and to see their capacity and what services they provide;**
- 5. Care Farming UK should compile an annual 'care farming offer' report, publish this on its website, and communicate its availability as widely as possible to commissioners and public health officials;**
- 6. Care farmers should take responsibility for providing and maintaining information on services provided and surplus capacity that will be publicised on the CFUK website and used in the 'care farming offer' report.**

Increasingly, Local Authorities and some CCGs are developing local online directories of services and service providers as a cost-effective way of publicising the local offer:

- 7. Care Farming UK should work with LAs, CCGs, and supporting organisations to create a list of online directories currently in existence in order to signpost care farmers to their local hub;**
- 8. Care farmers should be encouraged to register with local online directories of services and have representation on their local hubs to advertise their services to potential service users.**

Accessing large scale contracts

Commissioning of health and social care services through fewer contracts for larger numbers of service users is an increasing trend that has been highlighted in this study. Care farmers need therefore to consider working in partnership with providers who offer services for a specific client group, to increase their ability to engage with these larger commissioning tenders:

- 9. There is an urgent need for Care Farming UK to undertake a large scale demonstration project to trial and evaluate new approaches to large scale, integrated service delivery through consortia;**
- 10. Care Farming UK should signpost care farmers to information on local large scale tendering opportunities;**
- 11. Care Farming UK should support care farmers to work in partnership with other care farmers or other service providers in order to access larger scale health and social care contracts.**

Quality of service - Care farming standards

Commissioners in this study expressed a desire for a consistent quality of service across the care farming sector and supported the uptake of the care farming Code of Practice as a minimum standard:

- 12. By 2018, Care Farming UK should ensure all care farmers have adopted the care farming Code of Practice;**
- 13. Care Farming UK should promote the benefits to care farmers from implementation of the care farming Code of Practice and support care farmers in completing the Code by providing additional resources to help them compile the evidence required;**
- 14. In order to encourage more established care farms to complete the care farming Code of Practice, Care Farming UK should investigate a potential fast-track option;**

15. Care Farming UK should build on the current self-assessment and support system of the Code and investigate the viability and practical application of the adoption of an externally verified accreditation system.

Evidence of effectiveness

Commissioners are increasingly requiring evidence on health and wellbeing outcomes and of cost-benefit from care farming, and expressed a need for both generic evidence of the effectiveness of care farming and evidence specific to individual care farms:

16. Care Farming UK should work with organisations such as Natural England, the National Outdoors for All Research Group, and Public Health England to compile and widely disseminate generic evidence of the effectiveness and cost-benefit of care farming;

17. Care Farming UK and Natural England should continue working towards recommending a set of standardised outcome measures, in order to enable care farmers to evidence effectiveness.

The full report is available at:

[Expanding delivery of care farming services to health and social care commissioners - NECR194](#)