

**All-party Parliamentary Group on Health & the Natural Environment
Transformational Options for Delivery
19th October 2021
15:00 - 16:30**

In attendance:

Alexander Stafford MP (Chair)
Lord Blencathra
Lord Lucas
Lord Teverson

Jared Ashe, Jim Burt, Ish Ladak, James Sanderson - National Academy for Social Prescribing (Secretariat)

Nick Grayson & Humera Sultan - Birmingham City Council
Dr Rachel Bragg - Social Farms & Gardens
Nicola Gitsham - NHS England & NHS Improvement

Apologies:

Lord Best
Lord Bird
Baroness Boycott
Ian Byrne MP
Lord Cormack
Claire Coutinho MP
Tracey Crouch MP
Lord Curry
Lord Dubs
Lord Howarth
Lord Inglewood
Baroness Lister
Caroline Lucas MP
Baroness Masham of Ilton
Jerome Mayhew MP
Lord McColl
Baroness Meacher
Baroness Parminter
Lord Randall
Baroness Scott
The Earl of Shrewsbury
Baroness Watkins

External Attendees were also invited to this meeting and participated in the discussion.

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| 1. | <p>Welcome & Introduction - Alexander Stafford MP</p> <ul style="list-style-type: none"> - Alexander Stafford MP provided an introduction and overview of the session - Looking at transformational options for delivery, and at delivery programmes that strengthen people’s connections with nature and natural environment in context of health and wellbeing |
| 2. | <p>Local System Change: Creating a city of Nature for Birmingham - Naturally Birmingham</p> <ul style="list-style-type: none"> - Speakers: Nick Grayson & Humera Sultan, Birmingham City Council - Presentation: Creating a City of Nature for Birmingham is a 25-year cross-cutting and transformative delivery framework for the whole council, a systems change in how nature is viewed, understood and prioritised going forward; embedded in the principle of environmental justice. Responding directly to both the climate and ecological emergencies and the COVID Pandemic. It is rooted in the 25-year National environmental ambition, policy and international best practice; whilst capturing the United Nations Sustainable Development Goal’s and the 5 Capitals model. It is aimed at achieving nature connectedness for the people of the Birmingham and a delivery mechanism to meet its ambitions as the UK’s only Biophilic City. - Q&A + Discussion: <ul style="list-style-type: none"> • Lord Blencathra - requests a copy of national standards of city green spaces; Nick and Humera to follow up |
| 3. | <p>Response to Need: Growing Green Care and Care Farming</p> <ul style="list-style-type: none"> - Speaker: Dr Rachel Bragg OBE, Social Farms & Gardens - Presentation: Highlighted how care farming and green care can transform people’s lives, outlined the scale of the sector and showed how care farming is so relevant for health & social care, education and agriculture - particularly post Covid, before showing the potential for growth and cost saving to the economy. - Q&A + Discussion: <ul style="list-style-type: none"> • AS - What happens to the items produced by the farms? Some of the care farms are working farms and produce eggs, beef, commercial dairy etc. <i>There are also other sites where the farming of animals are at a non-commercial scale and might have a farm shop, which people on the care farm can also get involved with. They all produce something and on varying scales.</i> |

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| | <ul style="list-style-type: none"> • Lord Teverson - How are farms recruited into the process? Who delivers it on the ground - are farmers trained up themselves or is there an external training source that recruits and trains? <i>Typically, no one answer as much variety across the board. Regarding recruiting people to the programme, people decide if it's something they want to do and come to the programme for resources, support, training etc. Often someone in the farmer's network has seen how a farm has benefited from the programme and drives them to develop care farming services on their farm. The most successful care farms have a team of people who work together, e.g. farmers don't have to become experts in health and social care, but operate within a team of people with complimentary skills that cater to the needs of a client group.</i> |
| 5. | <p>Scalability: Levelling up through Green Social Prescribing</p> <ul style="list-style-type: none"> - Speaker: Nicola Gitsham - Presentation: How the £5.77m cross government Green Social Prescribing Programme presents a unique opportunity to improve mental health and tackle health inequalities in the wake of the pandemic. The programme is funded by the HM Treasury Shared Outcomes Fund with contributions from Sport England, National Academy of Social Prescribing and NHS England and NHS Improvement (NHSE/I). It is Department of Environment, Food and Rural Affairs (DEFRA)-led and partners include: Department of Health and Social Care; NHSE/I; Natural England; Public Health England, National Academy of Social Prescribing and Sport England. The project builds on the government's commitment to transform mental health services and increase social prescribing and personalised care, set out in the NHS Long Term Plan. It will also help deliver the government's 25 Year Environment Plan to help more people, from all backgrounds, to engage with and spend time in green and blue spaces in their everyday lives. - Q&A + Discussion: <ul style="list-style-type: none"> • Dom Higgins (Wildlife Trust) - Agrees with Nic very much about the Integrated Care System. Though it is not just about creating access. All those volunteer groups at Philips Park (5 +) that Nic refers to, were and are supported by the Lancashire Wildlife Trust. Resourcing the staff and organisation time that this sort of engagement takes is a critical piece of the jigsaw that needs resolving. • Nic - test and learn sites seeing great strategic partnerships form. Natural England has played a key role in mapping this out, identifying gaps and attracting sources of funding. • Lord Teverson - Who does most of the prescribing, GPs or other parts of the NHS? What's the reaction of the patients to this? <i>NASP</i> |

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| | <p><i>puts out some good comms on what Social Prescribing is and what goes on in this sphere. A lot of the work being done is around raising public perception on what works and what the evidence is and secondly how general practice can be more creative in how they deliver healthcare in communities.</i></p> <ul style="list-style-type: none"> • William Bird (Intelligent Health) - Primary Care needs to be completely restructured. Coming to see the GP face to face is unsustainable, GPs should be remote conductors of lots of people but are very place based. The whole environment should be part of the treatment room, e.g. Green Space as an extension of the surgery. What is the ultimate vision on green social prescribing, and does it have to be hyperlocal? How can deprived communities be helped to make this work? <ul style="list-style-type: none"> ○ <i>On hyperlocal, Nic is passionate that SP link workers have time to spend with local communities and time to learn what their needs are - and that learnings are spread back at a strategic planning level.</i> • James Sanderson (NASP) - Looking at work on review of overmedicalisation, National institute of Clinical Excellence (recommends more SP and exercise based instead of medical) need to create this cultural shift. Other observations from presentations - mapping of Birmingham Humera demonstrated was fascinating and whether or not we could achieve that across the country would be ambitious, but shine a real light on issues that exist. Other observation include the benefit of volunteering, e.g. friends of parks. Seeing a lot of people who require support with activity or mental health support, and taking part in a programme that benefits them but are also giving back to the programme - the circular nature of this is important within the volunteering aspect. |
| 6. | <p>General Q&A + Discussion</p> <ul style="list-style-type: none"> - Rachel Bragg on support for care farming: CLA have received them welcomingly, moreso than NFU. In terms of agriculture, care farms seen as small part of a bigger picture that is concentrating on changes from Brexit and new ELM system. On a local level a lot of individual care farms work closely with local NFU and form partnerships with local business for corporate responsibility type work. On local level care farms they are experts at thinking outside box and bringing in funding from different sources. On a national scale, working alongside linking environment farming (LEAF) and CLA have expressed interest in supporting care farming, which is an avenue for exploration. <ul style="list-style-type: none"> • Are city farms covering this type of work? How are you working with them? <i>Working with anybody that wants to expand in delivering commissions services from their green space - range of farm types.</i> - Linda Monckton (Historic England) - spoken collectively about health professions knowing what's going on in communities, but what access to health needs do NHS and PHE hold that community organisations can access so they're able to work towards themselves in tailoring |

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| | <p>their delivery? <i>Integrated care systems are set up to look at needs of local populations, needs to be a broader convo about this and engage voluntary sector orgs and bodies like Natural England could be in these convos about understanding needs of local populations and how we can come together as strategic partnerships to meet those needs and what funding arrangements can be constructed. 7 test and learn sites are the priority areas, as they should be able to show us what's possible.</i></p> |
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Next meeting - Tuesday, 8th February, 2022 - “Building Resilience in Local Communities”