Growing Health

Food growing for health and wellbeing
How gardening and food growing is being used to deliver health outcomes

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What is Growing Health?

- Funded by the Tudor Trust
- How to get food growing routinely used to deliver health outcomes
- ‘Crack the NHS’ ...by June 2013
- Identify barriers & solutions
- Find ways to make it happen
Why food-growing?

- Mental & Physical Health
- Food and Diet
- Wellbeing
- Wider determinants of health
- Diverse appeal
National Picture

• Varied - currently not routine across NHS
• Strong Partnerships with voluntary sector
• Prevalence in some disciplines
  – O.T., Social & Therapeutic Horticulture
  – Public Health – food environments, healthy eating, mental health
• Commissioning and/or referral relationships
  – Healthy Weight, mental health,
  – Substance misuse, dementia
Why isn’t NHS commissioning food growing?

NHS & Public Health

• Lack of awareness
• Unsettled times
• Lack of evidence in the right format for the right local priorities
• How to measure outcomes

Food Growing Groups

• Don’t have a contact, understand local priorities
• Not set up to make it easy
Finding ways to make it happen

- Evidence & Tools to measure
- Learning sites
- New opportunities for public health and GPs
- Reaching health professionals
- Support for food growing groups
Gathering published evidence

Health Benefits Matrix

- Allergies, asthma and intolerances
- Cancer
- Cardiovascular diseases, heart disease, stroke
- Dementia
- Diabetes
- Mental health, stress and depression
- Obesity, adult and childhood
- Social health and wellbeing
- Substance misuse
Obesity – Healthy weight

Measures: diet, physical activity, body mass index

- Higher intake of fruit and vegetables, Nelson et al. 2007
- Positive impact on pupil nutrition and attitudes towards healthy eating, Nelson et al. 2011
- 68% of gardeners achieved physical activity recommendations, decrease in body mass index in older men, Hawkins et al. 2013
- Lower body mass index in male and female community gardeners, Zick et al. 2013
- Increase time spent gardening, Kneafsey and Bos 2013
Learning site: Sandwell
Learning site: Lincolnshire
Learning site: Sydenham Gardens
Learning site: Greenwich
Next Steps

• Evidence – documents
• Events and conferences
• Support for NHS professionals and growing sites
• Your feedback:-
  – What do you think is the potential for food growing to deliver your public health priorities.
  – Does the move to LA help this?
  – What are the main barriers and opportunities?
  – What can you do to promote food growing?
Growing for health
Growing Opportunities Sandwell

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Sandwell at a glance 2013

- The health of people in Sandwell is generally worse than the England average. Deprivation is higher than average and about 20,100 children live in poverty.
- Life expectancy for both men and women is lower than the England average.
- Life expectancy is 9.6 years lower for men and 6.4 years lower for women in the most deprived areas of Sandwell than in the least deprived areas.
- Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke remain worse than the England average.

- In Year 6, 25.2% of children are classified as obese, worse than the average for England.
- Levels of teenage stays among those under 18, breast feeding and pregnancy, GCSE attainment, alcohol-specific hospital smoking in pregnancy are worse than average.
- Estimated levels of adult 'healthy eating', smoking, physical activity and obesity are worse than the England average as are rates of hip fractures, smoking related deaths and hospital stays for alcohol related harm.

Source:
www.sandwell.gov.uk/healthandwellbeingboard
Population 309,000
www.sandwelltrends.info/themedpages/Health

- Priorities in Sandwell include alcohol, early years and adolescent health, frail elderly and dementia, long term conditions and integrated care.
Linking growing to health

Upstream
- Climate change
- Resilience
- Food Security
- Government policy
- Evidence Base
- Spatial Planning
- Anti Poverty
- Food Policy
- H&WB Strategy
- CCGs

Public health benefits
- Therapeutic landscapes
- Land reclamation
- Regeneration
- Education & skills
- Planning
- Asset Building
- Community

Downstream
- Horticulture Therapy
- Rehabilitation
- Long Term Conditions
- Re-ablement
- Growing & food Skills
- Mental health
- Bereavement
- Diet related illness
Growing Healthy Communities
A Community Agriculture strategy for Sandwell 2008 – 2012
Offering a wide range of City and Guild industry recognised qualifications
Receive referral (Form HWB01/HWB02/HWB10/HWB11)

Arrange initial visit with client

Carry out interview & initial assessment with client. Complete Form HWB04

Is client to start programme immediately?

If yes, Inform client of start date & send PAR Q (Form HWB07) and tetanus reminder

Carry out induction & agree goals. Complete Form HWB06.

Commence programme

Send to client Pre-Review Form (Form HWB08) for completion

Carry out review with client at 3 and 6 months & complete Form HWB09

Client exits programme

Produce performance reports as required by funding body

If referral from GP/Agency/Meeting receive:-

ISS (SAP1)
Care Plan Assessment
Risk Assessment
Support Worker Statement - Form HWB03
To be received prior to initial assessment with client

Inform referral agency of received referral

Complete personal risk assessment for client (Form HWB05)

Update database with decision. Place on waiting list if applicable

Inform referral agency in writing of decision

Review goals at 3 months and 6 months

Any contact with client is recorded on the Contact Sheet (Form HWB16)

Invite support agency if appropriate to review

Update referral agency with Standard letter. Attach copy to Review

Update referral agency with Standard letter.
Gardeners in the therapeutic programme complete the following:
- Three and six monthly reviews, feedback and personal goal setting, with the Horticulture Therapist
- A short Warwick-Edinburgh Mental Well Being Scale, PAR Q Assessment
- Occasional interviews or questionnaires
- Structured Gardening for Health ‘sessions’ led by a Horticulture Therapist focus on shared tasks, group, and individual work. Some sessions are tailor-made for particular groups e.g. those recovering from a heart episode, those with long term conditions, or those over fifty. Other sessions are open to everyone.

People come to the gardens for many reasons, common goals include:
- Getting fitter and losing weight
- Getting out of the house and meeting people
- Improving health and mobility following an episode of poor health e.g. following a stroke
- Working on specific fine and gross motor and co-ordination skills
- Learning new skills
- Improving mental health through a meaningful activity
- Supporting recovery and maintenance
**Case study**

S, with a GP in Sandwell, has Multiple Sclerosis (MS) and was referred to Gardening from Home by an MS Clinical Specialist. The condition was affecting her overall feeling of well being and her mobility, making her vulnerable to falls. As a result, gardening, which she loved, was becoming harder and increasingly difficult to manage. She lacked confidence to continue it, and worried about falling again.

S took part in the Gardening from Home programme, in her own garden, with the weekly support of an outreach worker. Together they set aims for the six weeks activities, including tasks like replanting raspberries, planting up hanging baskets, planning the garden year. S says, ‘The sessions increased my confidence and it’s been good to communicate with ordinary people and be accepted for who I am, not as only a disabled woman’.

This has meant that she could work independently again in her garden. After completing the sessions S felt an improvement in her outlook, in coping with problems, and stated she felt more relaxed, more useful and more optimistic about the future. She continues to visit the gardens and is working towards volunteering in the gardens.

*“I was told I would never garden again, so I’ve been given the confidence to get back out there”*
A's Story
‘I have been coming to Salop Drive for 8 months now. I used to go to College to do Life Skills and learn about Independent Living. I come to Salop on a Tuesday and Thursday, and help get things done for the market garden, what needs doing, the digging and harvesting. Its really good, a lovely place to be, I would recommend it to anyone. You get fit and healthy and my muscles have got stronger, when you are digging you get bigger muscles and that’s what I like.I have learnt more about healthy eating and I am starting to eat more healthily, like when I go home I have an orange or a piece of fruit now. I used to eat a lot of burgers but I’ve stopped now, I heard on T.V. how much fat is in them, and I’m not eating them again’

A has progressed into employment, and still supports Salop Drive as a volunteer.
‘I have got arthritis, so it’s not going to go away but, I find I can move smoother when I have been here. Whether it’s the fresh air, or whether I have relaxed or what, but my movements are much smoother’

‘It keeps me mobile, because I think if I had stayed at home not doing anything, probably I would feel worse than I am’

‘I’ve improved greatly, so much so that I’ve got the desire now to carry on…and my next goal is to start dancing’

‘I enjoy learning another skill and I like having the company…it’s better than sitting in front of the telly’

‘I like to pick out and put the plants in and see them grow, I enjoy the company and the fresh air, I live in a flat and I wanted to get out of the flat and do more’
What have we learnt?

• Community agriculture needs a supportive policy environment- local or regional and national
• With long term thinking it can embed benefits and principles into design of healthy urban environments
• Creates a democratic voice for food and health through community development
Growing Opportunities - Let’s Grow!