



















Values and goals

Sydenham Garden seeks to be an open and inclusive organisation which welcomes diversity. We are committed to caring for the individual as well as being community-minded and environmentally responsible. We work to make individuals feel valued, realise their potential and move towards wellness/recovery.

Wellness/ Recovery

Human beings can and do overcome adversity and the journey to wellness/recovery is motivated by the hope that this is possible. Wellness/recovery is an ongoing process determined by the individual and based on their unique characteristics. It relies on the individual receiving acceptance and respect throughout. It involves mental, physical, spiritual and community aspects and is promoted by being involved in choices, receiving support from peers and being given responsibility. It results in the development of new meaning and purpose in life.

Community growing for health – commissioned projects

Case study – therapeutic –Tom Gallagher, Director, Sydenham Garden

Powerpoint notes

- 1: brief background
- 2: services offered
- 3: reporting
- 4: relationship
- 5: top tips!

BRIEF BACKGROUND:

- -Jim's desire to offer people more that 5minutes and medication
- -Jim, mental health lead, and Sarah, art therapy background courtyard gardening group at the practise.
- -Developed into the organisation we have today. Offer creative and social activities for 6 or 12 month placements.
- -Since then we took ownership of a nature reserve and Victorian rose garden, where we restored the site and built a multipurpose resource centre.
- -More recently we purchased a private allotment site which we are developing into a market garden and educational resource.

WHAT WE ARE COMMISSIONED TO DELIVER:

- -Referral agencies like GP's and Community Mental Health Teams can choose from 4 services that we offer.
- -Art & Craft, Garden, Growing Lives and Sow & Grow.
- -Garden and Sow & Grow were commissioned by our local CCG in May last year under their mental health budget.
- -Garden are AMH groups for 48 co-workers (Service users)
- -Each co-worker gets a 12 month placement and takes part in horticultural, conservation and other creative activities.
- -We've been running sessions in this format for the last 6 years, but prior to commissioning we would allow co-workers to stay up to 18 months.
- -Sow & Grow, a 6-month therapeutic programme for people recently diagnosed with dementia.
- -Programmes for 3 groups of 8 people at any one time.
- -Programme includes memory boosting, gardening, cooking, Art & Craft, reminiscence and CST.

FUNDING

- -1 3rd CCG, 1 3rd LBL grant, 1 3rd through trust funds, income generation and supporters.
- -If include all 4 of our services then we have a capacity of 106 co-workers, we are nearly always full.
- -As 72 of the clients are required in the 2 commissioned services, you will have noticed the contract is not full cost recovery, it's actually roughly half.
- -Most commissioners have a starting of point of saving huge amounts of money, and therefore you have to expect them to want a lot for very little.

REPORTING:

- -Reporting to commissioner has been a step up from Big Lottery reporting.
- -Quarterly reporting required that includes attendance and diversity stats
- -Annual report more substantial and includes workers progress in areas of health no wellbeing.
- -There are no required outcomes, just outputs, but quarterly meeting with the contract manager to discuss success and contract renewals.
- -We've designed our own Likert scale questionnaire that co-workers fill in, and are interviewed.
- -For Dementia we also ask carers to fill in a quarterly questionnaire.
- -Dementia results have been unparalleled, with co-workers finding improvements in memory and ability to converse, take part in activities and even regain speech in once case. This has led to an approach early this year from the CCG asking us to scale up the operation, and we have entered into a long conversation about how we could do this.
- -In garden, and all our AMH groups results are comparable to counselling and psychotherapy, which is between 40&50% recovery.
- -Mention not being the whole answer, big picture mindset, working with care coordinators, all enables ones recovery.

RELATIONSHIP:

- -The relationship between us and the commissioner is important to both parties.
- -Asking questions
- -Regular meetings
- -Knocking at the door and no one's home.

- -Hard to manage, onto 3rd team and commissioner since we began. Each team with different mission, different ethos.
- -I treat it as something I want to last. This takes work, giving and taking.

TOP TIPS:

- -Finish up a few tips based on our experience of one particular CCG.
- -First thing is to move on from Big Lottery model. There's no hard and fast rules and there is a personality calling the shots.
- -This means you need to know the local and national strategy, know the board, and know how to contact them effectively.
- -Secondly know your service and be confident that is proven, works and is more cost effective than current commissioned services. This is a competitive market and you service must be more attractive than the alternatives.
- -Facts are your friends. It amazes me to find out that people have no idea about the facts of their service. Don't fear the truth. Facts are your friends
- -40% of our AMH co-workers get better. So why would they bother taking us on and not a traditional counselling service, which gets similar results? according to the PSSRU who come up with unit costs counselling costs the NHS £66/hr.
- -Our full unit cost is £11/hr. We can do 6 for the price of 1. It would be negligent for the CCG to ignore this.
- -Know your facts, know the truth. Do you get the results at the price the NHS are looking for?
- -If not, go find something else to do
- -If so, get selling.

Thanks for listening and good luck.