**Herbaculture CIC Proposals**

 **Contents:**

 1: Contents & Summary Page

 2: Background to the Proposals

 3-5: Proposal 1

 6-7: Proposal 2

 8: Dan Wheals Track record and other similar pioneering projects.

 **Proposal 1:**

 **Community Health Clubs: Growing Ourselves Back To Health.**

* Growing yourself back to health in a group setting over 6 sessions.
* Facilitated towards but not limited to people with similar health issues or geographic area.
* In partnership with a GP practice or health professionals.
* Growing and cooking herbs and vegetables as well as exercise and lifestyle advice,
* Growing and trying herbal (plant) medicines.
* Talks from expert healthcare professionals e.g. Nurse specialists
* Creative Arts for wellbeing and enterprise opportunities.
* Research opportunity to learn from and promote social prescribing.

 **Proposal 2:**

 **Community Garden Design and Facilitation**

 **e.g. GP Surgery Garden & Waiting Room**

* Design and creation of a pleasant outdoor environments.
* Designed specifically for each location (public, community, organisation or business)
* Relaxing staff and patient/ client/ user area
* Space to hold Community Health Clubs
* Links a surgery/ school/ business/ group to their community

Background to Herbaculture CIC Proposals

What is herbaculture?

legal structures

who involved

where involved

FREQUENTLY ASKED QUESTIONS

How I can get involved as a volunteer?

How I can get a community health club in your area?

How I **can donate resources**

 **to support this work.**

**Demonstrate Need: I need help here to know what current priorities are.**

Paste Dat from Suffolk Observatory

**Question to GP’s: Is there a client group that could fit this project?**

“heart sink” patients, those that when you see them your heart sinks.

Proposed clients groups would be those with digestive complaints like IBS, mild to moderate depression, skin issues like eczema etc. Basically any patient groups which may have reoccurring symptoms, do not take medicines as prescribed, need social interaction or just those you want to see less of.

**Proposal 1**

**Summary: Community Health Clubs: Growing Ourselves Back To Health.**

* Growing yourself back to health in a group setting over 6 sessions.
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**Community Health Clubs: Growing Ourselves Back To Health. (keep this title? )**

* 6 sessions with 6-12 people to explore new methods of improving their health with symptom tracking.
* Dan Wheals a medical herbalist and community facilitator will lead the sessions and bring in expertise where necessary to include talks from relevant health professionals.
* Growing and preparing suitable herbs and vegetables,
* Investigations into shared self help methods and group support.
* Preparing and eating lunch together.

Venue ideally would be the creation of a GP surgery garden/ waiting room (please see proposal 2), in the GP surgery or at an established community resource in the locality.

OUTCOMES:

1. Reduction of symptoms in the short, medium and long term
2. Reduction of prescriptions e.g. antibiotics in the short, medium to long term
3. Increased empowerment and healthy lifestyle choices in the short, medium and long term
4. Reduction in GP visits/ year in the short, medium and long term

OUTPUTS:

* Improved Waiting List or appointment times.
* Community Cohesion, The surgery forms new social networks.
* Recipe book created by patients, and other educational and information resources.
* Product ranges tested by patients which could be sold: e.g. a digestive tea blend
* Seasonal Feasts/ Party as a finale to each group’s Health Club.
* Maintenance of any garden areas, if used.

METHOD:

* 6 sessions 10-2pm.
* Patients referred by GP. Max. 12.
* Four Cohorts a year over two years. Max 8 x 12 = 92 people involved.
* MYMOP Questionnaire to assess symptoms

<http://sites.pcmd.ac.uk/mymop/index.php?c=welcome>

* Tailored Questionnaire for other Monitoring to include soft and hard measures such as empowerment (soft) and GP visits & prescriptions (hard).
* 6 session programme of learning about their condition, growing herbs, preparing them and trialling them for efficacy.
* Nurse, GP or other health professional input.
* Meal times will introduce food ideas.
* A final party/ feast will be for the group to organise.
* Venue ideally in surgery garden, community garden or a suitable community venue.

**EXPENDITURE**

FACILITATION @ £400/ session (day)

1 planning sessions including pre- meetings.

1 session admin/ marketing/ speaking with potential patients/website updating and report writing.

6 delivery sessions (includes 1 garden skills & celebration session)

£

3,200.00 8 days @ £400 (see above)

 360.00 Lunch and Refreshments £5 x 12 = £60/ session. 6 sesson

 300.00 Misc. materials = £50/ session

 300.00 Hire of Venue/ community Garden £50/day x 6days = £300

 (avoided if at surgery or accounted as in kind support for funding bids)

 (10 days to include 8 delivery days, celebration & meetings and admin).

 200.00 Costs for talks from experts. (potential in kind support from GP surgery. There may also be planning time from the Doctor/ Nurse to take into account to ensure the programme fits the aims of the practice).

Total

4,360.00 per cohort.

**INCOME**

* IN KIND SUPPORT: At least £500 could be in kind support from a partnership with a GP practice with the venue and the experts.
* LOCAL SPONSORSHIP: Further support from community and local business to be sought for the costs associated with lunch, some materials, take home food packs, and informational resources to the value of £100.
* REVENUE GENERATION: Income from paying participants, any products created, fundraising at celebration events and pledges of support e.g. If i give up smoking I will give £1 a week. A conservative estimation of £160 per cohort could be raised.

IN KIND SUPPORT £500

COMMUNITY/ BUSINESS SUPPORT £100

REVENUE GENERATION £160

TOTAL £760

Funding Bids Therefore needed for £3,600 per cohort.

This could further be reduced with a funded social prescribing source of funding places.

It may be that the marketing budget and time reduces with partner support.

FUTURE EXPANSION.

Proposal for 2 years.

Liaison with GP and surgery on this important. Herbaculture CIC

How many Cohorts could be seen in a year?

1 cohort: £4,360 of which £3,600 funding sought

5 cohort: £21,800 of which £1800 funding sought.

1 cohort: 12 patients seen

5 cohorts: 60 patients seen

Cost per patient £4,360/12 = £364

**Proposal 2**

**Summary:**

**Community Garden Design and Facilitation**

 **e.g. GP Surgery Garden & Waiting Room**

* Design and creation of a pleasant outdoor environments.
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**Community Garden Design and Facilitation eg. GP Surgery Garden & Waiting Room**

This could apply to a school garden, a public park, a business area for staff but primarily is about designing, creating and then helping to facilitate the use of the community garden. I have used the example of GP surgery below and for the rest of the proposal.

My dream is the creation of a garden area within the GP surgery. This could be used for the health clubs above and also act as a pleasant waiting area for patients. It does however need sufficient land, but even the smallest spaces may prove effective. The initial infrastructure costs will be outlined in this proposal. There should be a desire to maintain the garden area for the sustainability of the proposal. A venue for 'Community Health Clubs' (Proposal 1), patient attitudes in coming to the surgery, staff de-stressing are all additional benefits. PLEASE NOTE some accounting for minimal maintenance, either time or money, in the property budget will be required.

An initial vision for any garden waiting area would include a small polytunnel or green house, water collection devises, raised beds, tools and tool storage. Smaller areas would have appropriate medicinal herbs which would need to look lovely and have interpretation. Larger gardens could grow food, cut flowers to sell, medicinal herbs and could include a house plant care home. Any waiting area outside would need access easy access to reception, have an appropriate calling devise and have shelter, but it may be sufficient to have a window looking out over the garden area from the waiting room.

OUTCOMES:

1. Creation of a garden/ waiting area.
2. Beautifying of the surgery.
3. Involvement of the community in designing, building and maintaining of the area.
4. Setting for health clubs and relaxtion are for staff down time.

OUPUTS:

* Community cohesion, The surgery forms new social networks.
* Happier staff.
* Local and national awareness and media acclaim.
* Revenue from produce/ plant sales.
* Opportunities for reaching patients in new ways.

METHOD

Assessing need and practical land/space options.

Business plan and funding options discussed including future usage.

Eco awareness of bike parking, water saving and any renewable energy options.

Design process using local talent and schools.

Liaison with other local groups.

Construction stage should use patients and local people where possible.

Opening ceremony with special guests and locals.

With high awareness of the project, use initial energy to start the community health clubs.

BUDGET

Totally dependent on size of site and involvement of the local community.

Larger items will include shelter, greenhouse or polytunnel, raised beds, intercom system, power and water connections or renewables. tools and H&S equipment, tool storage, plants and seeds.

This could be part of a larger bid to include the health clubs or be seen in the light of any building work undertaken at the surgery. It could happen very cheaply if donations and time are given freely but it is advisable to have a good grasp of the overall plan. The health clubs could be used as a team to initiate and manage the building. Other groups such as the Princes Trust, Local businesses and probation services can also undertake the hard work. documentation of the project would also be needed to celebrate the process and inspire others.

Site visit and client meeting needed to determine any financial implications. This sort of work would ideally include the community in the design and build stages and value the process of such community engagement.

Herbaculture CIC charges £1,500 for designs to be drawn up. see [www.herbaculture.co.uk/](http://www.herbaculture.co.uk/) .... for more information.

Other Pioneering Projects include

Bromley by Bow GP Practice: <http://www.bbbc.org.uk/pages/health-centre.html>

Thrive and Loughborough University Research. Gardening is Good for Health. <http://www.lboro.ac.uk/service/publicity/news-releases/2005/38_thrive.html>

Edinburgh NHS land: <http://www.royaledinburghcommunitygardens.org.uk/>

Herbalist works with GP <http://www.theherbalist.co.uk/report.htm>

**Track Record:**

Dan Wheals is a Member of the National Institute of Medical Herbalists (MNIMH) and consults with patients in Norwich. Dan see’s his role as working along side orthodox medicine not separate or alternative to it (see [www.nimh.org.uk](http://www.nimh.org.uk/) and [www.herbaculture.co.uk](http://www.herbaculture.co.uk/) ).

Community development with an angle on horticultural therapy, Local food growing/ eating and increased wellbeing:

Edinburgh (2005-2007) [www.ecba.org.uk/home.aspx](http://www.ecba.org.uk/home.aspx) ;

Ipswich (2007-2010) <http://activlives.org.uk/activgardens/> ;

Groundwork East of England 2010- 2012

Eastfeast in Waveney, Suffolk from 2012 to 2014. [www.eastfeast.co.uk](http://www.eastfeast.co.uk/)

Working in Pupil referral Unit, Primary school gardens and a Wholefood retailer.

Facilitation Co-operative Frist Question Co-op 2008- 2016

2017 ongoing ActivLives Grow Your Community - Sudbury

2017-2018 School of Social Entrepreneurs start up year.

Degrees in Psychology and Herbal Medicine

Qualifications in Horticultural Therapy and Permaculture

<http://www.herbaculture.co.uk/CV.html>

I call my business Herbaculture [www.herbaculture.co.uk](http://www.herbaculture.co.uk/) . This is a play on the word permaculture which stands for permanent culture ([www.permaculture.org.uk](http://www.permaculture.org.uk/)). My aim is to provide examples of health care that are sustainable and are in line with the ethics of permaculture which are: EARTHCARE; PEOPLE CARE & FAIR SHARE.

HERBACULTURE CIC

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