

The City Bridge Trust

Investing In Londoners: Application for a grant



About your organisation

Name of your organisation: Royal Hospital Chelsea Appeal Ltd	
If your organisation is part of a larger organisation, what is its name? Royal Hospital Chelsea	
In which London Borough is your organisation based? Kensington & Chelsea	
Contact person: The Revd. Martin Field	Position: Fundraising & Communications Director
Website: http://www.chelsea-pensioners.co.uk	
Legal status of organisation: Registered Charity	Charity, Charitable Incorporated Company or company number: 1076414
When was your organisation established? 20/01/1999	

Grant Request

Under which of City Bridge Trust's programmes are you applying? Older Londoners
Which of the programme outcome(s) does your application aim to achieve? Older Londoners aged 75 years and over living more active and healthier lives Fewer older Londoners aged over 75 years with depression and more reporting improved well-being
Please describe the purpose of your funding request in one sentence. We will equip Chelsea Pensioners with GPS tracking pendants, prolonging independent living whilst providing the security of immediate medical help wherever they are.
When will the funding be required? 20/04/2018
How much funding are you requesting? Year 1: £120,700 Year 2: £0 Year 3: £0 Total: £120,700

Aims of your organisation:

Founded in 1692 by King Charles II, Royal Hospital Chelsea (RHC) was the first British provider of round-the-clock care to Army veterans 'broken by age or war' and continues this important legacy today. As home to the iconic Chelsea Pensioners, RHC remains the Nation's flagship veteran community and one of our most valued working historic buildings. Some 300 veterans reside here at any time, including men and women (average age 82) who have served in conflicts ranging from the First Gulf War to World War II. RHC prides itself on offering the highest standard of care and support to all Chelsea Pensioners, for whom it is their final home, and was recently rated 'Outstanding' by the CQC, placing us amongst the top 1% of English care homes.

RHC is governed by a Board of Commissioners who ensure the care and well-being of the Chelsea Pensioners and safeguard the Grade I buildings and grounds, which RHC owns in trust.

Main activities of your organisation:

Royal Hospital Chelsea (RHC) operates a quasi-military service model with a strong emphasis on community living and active involvement in work and leisure activities. RHC provides sheltered accommodation to its resident veteran population; the on-site care home, the Margaret Thatcher Infirmary, offers round the clock nursing to Pensioners with more complex health and support needs, operates a 28-bed dementia care unit and GP medical centre. As the much-loved faces of the British veteran community and Remembrance tradition, many Pensioners assume external-facing and ceremonial roles on a national platform. RHC also safeguards its important architectural and socio-military heritage for the Nation through an integrated visitor and learning programme.

For the first time in our history we want to expand our services and share our learning beyond our immediate beneficiaries for the local community and advancement of UK-wide elderly and veteran care services; we believe the iconic status of the Pensioners and RHC's heritage mean we are specially placed to do so.

Number of staff

Full-time:	Part-time:	Management committee members:	Active volunteers:
233	9	6	70

Property occupied by your organisation

Is the main property owned, leased or rented by your organisation?	If leased/rented, how long is the outstanding agreement?
Owned	N/A

Summary of grant request

Given that we now know loneliness to be more deadly than obesity (Mental Health Foundation), it is vital that we challenge social isolation: increased mobility and prolonged independent living ensure that we do not lose touch with the outside world in our advanced years. Physical activity plays a key role in sustaining this. For older adults, regular exercise also helps to reduce the risk of depression and dementia, maintains functional ability, prevents numerous chronic conditions (such as Parkinson's and MS), and decreases the likelihood of falling (injury due to falls is the leading cause of mortality in the 75+ demographic, NHS). However, many older people feel too vulnerable to venture away from home on their own.

Chelsea Pensioners lead very active lives; they help at soup kitchens, visit prisons and schools, help rehabilitate wounded soldiers, represent the veteran community at national public events and maintain visible and meaningful roles in society. This purposeful independence is, our internal analysis and feedback from partners and service users suggest, central to their dignity and wellbeing. However, as their cognitive abilities and mobility become increasingly impaired, whilst not wishing to discourage them from maintaining an active lifestyle, it is vital to ensure that help can be summoned quickly and efficiently should they suffer a fall or medical emergency both within the RHC and beyond.

In almost all categories of physical and mental health and wellbeing, the veteran community is almost twice as likely to suffer from a health condition (Trajectory Partnership) and many Chelsea Pensioners therefore have more complex care and support needs than the ageing civilian population. Chelsea Pensioners with deteriorating cognitive faculties or mobility are reluctant to move from the sheltered accommodation of our Long Wards to the Margaret Thatcher Infirmary, the on-site care home with nursing, because of concerns that they will lose their personal autonomy.

RHC is therefore proposing a project which will allow Chelsea Pensioners with cognitive conditions or impaired mobility to maintain their confidence in undertaking trips and visits unaccompanied, promoting independent living as well as safeguarding the health and wellbeing of all our veterans. We are seeking £120.7k to equip Chelsea Pensioners with a GPS tracking pendant. If a Pensioner suddenly becomes ill or has a fall we will be able to send immediate help wherever they are. The locator device will allow a Pensioner to alert a response centre to summon medical aid, potentially saving lives. Originally piloted for dementia patients, this technology has been endorsed by sector leaders such as Age Scotland.

What this means is that Chelsea Pensioners will be able to stay living in their homes on the Long Wards for longer - maintaining the dignity and independence that mean so much to them. They will also have the confidence to continue their community outreach work, as well as participate in ceremonial and commemorative military events.

We have to work within the constraints of our Grade I listed buildings and this necessitates the installation of two small-scale aerial masts to provide effective reception and transmission for every GPS tracker, ensuring full functionality for all supplied devices whilst preserving our built heritage.

Pensioners say that coming to RHC gives them a new lease of life; with the help of City Bridge Trust they can keep enjoying that life for longer: "It makes me happy and proud to be an ambassador for veterans. I think these GPS tracker devices will be great, as we'd feel confident to go out and about, knowing that if anything happened, the medical team could get to us quickly" (Gordon "Sandy" Sanders, formerly REME, Chelsea Pensioner since 2008).

If you need any planning or other statutory consents for the project to proceed, what stage have the applications reached?

Do you have a Vulnerable Adults policy? **Yes**

What Quality Marks does your organisation currently hold?

Gold Standard Framework Beacon Status

Care Quality Commission - Rated 'Outstanding'

Outputs and outcomes

What are the main activities or outputs you want to deliver? Please include no more than 5. By activities or outputs we mean the services, products or facilities you plan to deliver. If you plan to deliver work over more than one year you should include activities over the full grant period requested. Try to be specific.

We will equip Chelsea Pensioners with a GPS tracking pendant, provide formal training and a full briefing to ensure every veteran has a comprehensive understanding of how to operate their device. This will promote independent living and the confidence to undertake external activities unaccompanied amongst RHC's veteran population.

We will install two small-scale aerial masts within the grounds of the Royal Hospital Chelsea to allow for the effective transmission of each individual GPS pendant via the mobile network. We will ensure the construction of the masts maintains the integrity of the Grade I listed heritage site.

We will provide new admissions to RHC, who may feel more vulnerable venturing out alone, with a GPS tracking pendant, together with formal training and a full briefing to ensure every individual is confident in the use of their device.

Following the introduction of the GPS tracking pendants, we will undertake qualitative and quantitative analysis amongst our service users and health and wellbeing staff to assess the devices' effect on the mental and physical health of individuals and the veteran community, and monitor response rates for dissemination amongst sector partners.

We will review the functionality of the GPS pendants on an on-going basis, ensuring that each Pensioner has a usable device performing to the highest capability at all times; this will promote the devices to the veteran population and ensure that service users are more likely to utilise the technology.

What main differences or outcomes do you hope the activities you have described above will achieve? Please include no more than 5. By differences or outcomes we mean the changes, benefits, learning or other effects that result from the work your project would deliver. These might be for individuals, families, communities or the environment.

This project will encourage Chelsea Pensioners to retain their independence for longer, demonstrating an improved or maintained level of mobility and personal wellbeing in individual veterans and fostering the mental and physical health benefits of personal autonomy and maximised choice and control.

We anticipate a decrease in individuals suffering from social isolation/loneliness within the RHC aging veteran community, resulting in the improved mental and physical health of our veterans through augmented social interaction. We want all Chelsea Pensioners to thrive within this defined occupational community, as well as within our wider society.

All Chelsea Pensioners will have improved confidence to undertake independent visits and external trips, regardless of their level of mobility or deteriorating cognitive abilities, in the knowledge that medical help and support will be immediate and always available to them.

Chelsea Pensioners with declining mental and physical health will be able to remain in the sheltered accommodation of the Long Wards for longer before a move to the Margaret Thatcher Infirmary becomes unavoidable or necessary, promoting personal autonomy and individual choice and control across the veteran population at RHC.

Chelsea Pensioners who wish to will be able to participate in our community outreach work, augmenting our presence and activity within the Borough and Greater London and ensuring that the direct experience and participation of our beneficiaries remain at the heart of the programme.

Do you plan to continue the activity beyond the period for which you are requesting funding? If so, how do you intend to sustain it? If not, what is your exit strategy?

We anticipate that new Chelsea Pensioners admitted to the Royal Hospital Chelsea (RHC) will require a GPS tracking pendant and depreciating existing equipment will also require updating over time. On-costs beyond 2018/19 will be met through general fundraising and voluntary income generation as these cannot be financed by RHC revenue alone; RHC's Executive Board has committed to securing these funds.

Who will benefit?

About your beneficiaries

How many people will benefit directly from the grant per year?

285

In which Greater London borough(s) or areas of London will your beneficiaries live?

Kensington & Chelsea (100%)

What age group(s) will benefit?

65-74

75 and over

What gender will beneficiaries be?

Male

Female

What will the ethnic grouping(s) of the beneficiaries be?

A range of ethnic groups

If Other ethnic group, please give details: **We do not record ethnicity data**

What proportion of the beneficiaries will be disabled people?

21-30%

Funding required for the project

What is the total cost of the proposed activity/project?

Expenditure heading	Year 1	Year 2	Year 3	Total
Infrastructure - Aerial Masts	92,000	0	0	92,000
GPS tracking pendants	28,700	10,700	10,700	50,100
Device Training for Chelsea Pensioners	400	400	400	1,200
Device Training for Health & Wellbeing Staff	240	240	240	720
Staff Time	1,020	860	860	2,740
Reporting	600	600	600	1,800
	0	0	0	0
	0	0	0	0
	0	0	0	0

TOTAL:	122,960	12,800	12,800	148,560
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What income has already been raised?

Source	Year 1	Year 2	Year 3	Total
Royal Hospital Chelsea	2,260	2,260	2,260	6,780
	0	0	0	0
	0	0	0	0
	0	0	0	0

TOTAL:	2,260	2,260	2,260	6,780
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What other funders are currently considering the proposal?

Source	Year 1	Year 2	Year 3	Total
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0

TOTAL:	0	0	0	0
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How much is requested from the Trust?

Expenditure heading	Year 1	Year 2	Year 3	Total
Infrastructure - Aerial Masts	92,000	0	0	92,000
GPS tracking pendants	28,700	0	0	28,700
	0	0	0	0
	0	0	0	0

TOTAL:	120,700	0	0	120,700
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Finance details

Please complete using your most recent audited or Independently examined accounts.

Financial year ended:	Month: March	Year: 2017
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Income received from:	£
Voluntary income	1,158,000
Activities for generating funds	3,710,000
Investment income	2,568,000
Income from charitable activities	11,994,000
Other sources	1,448,000
Total Income:	20,878,000

Expenditure:	£
Charitable activities	17,093,000
Governance costs	311,000
Cost of generating funds	986,000
Other	169,000
Total Expenditure:	18,559,000
Net (deficit)/surplus:	2,319,000
Other Recognised Gains/(Losses):	13,833,000
Net Movement in Funds:	16,152,000

Asset position at year end	£
Fixed assets	138,426,000
Investments	133,529,000
Net current assets	5,029,000
Long-term liabilities	453,000
*Total Assets (A):	276,531,000

Reserves at year end	£
Restricted funds	265,977,000
Endowment Funds	0
Unrestricted funds	10,554,000
*Total Reserves (B):	276,531,000

* Please note that total Assets (A) and Total Reserves (B) should be the same.

Statutory funding

For your most recent financial year, what % of your income was from statutory sources?
51-60%

Organisational changes

Describe any significant changes to your structure, financial position or core activities since the date of your most recent accounts:

N/A

Previous funding received

Please list the funding received by your organisation from the following statutory sources during the last THREE years.

	Year 3 £	Year 2 £	Most recent £
City of London (except City Bridge Trust)	0	0	0
London Local Authorities	0	0	0
London Councils	0	0	0
Health Authorities	110,000	110,000	110,000
Central Government departments	11,452,000	11,667,000	11,875,000
Other statutory bodies	0	0	0

Previous grants received

Please list the grants received by your organisation from charitable trusts and foundations (other than City Bridge Trust) during the last THREE years. List source, years and annual amounts. Please include the 5 largest only.

Name of Funder	Year 3 £	Year 2 £	Most recent £
Cadogan Charity	100,000	150,000	150,000
Private Foundation (Anonymous)	20,000	0	39,383
ABF The Soldlers Charity	0	35,000	35,000
Steel Charitable Trust	78,000	0	0
Knightsbridge School	19,000	45,000	30,000

Declaration

I confirm that, to the best of my knowledge, all the information I have provided in this application form is correct. I fully understand that City Bridge Trust has zero tolerance towards fraud and will seek to prosecute and recover funds in every instance.

Please confirm: Yes Full Name: **Kate Ainley-Marr**

Role within **Fundraising Manager**
Organisation: