

The City Bridge Trust

Bridging Divides: Application for a grant



About your organisation

Organisation Details

Name of your organisation: Hoxton Health	
If your organisation is part of a larger organisation, what is its name?	
In which London Borough is your organisation based? Hackney	
Contact person: Ms Janet Cobill	Position: Manager
Website: http://hoxtonhealth.org	Social Media Accounts:
What Quality Marks does your organisation currently hold? Investing in Volunteers	

Legal Status

Legal status of organisation: Registered Charity			
Charity Number: 1127769	Company Number: 6766670	CIC Number:	Bencom Number:
When was your organisation established? 04/10/1987			
Aims of your organisation: To offer older people advice, education and health interventions that will enable them to live happier, healthier, more active and independent later lives.			

Main activities of your organisation:

We work in our clinic at St Leonard's Hospital and in the community at GP surgeries, care and nursing homes and community centres. We provide treatments: Acupuncture, Aromatherapy, Foot Health, Homeopathy, Massage, Osteopathy, Reflexology, Shiatsu Massage.

We run classes: All-body chair-based exercise, Tai Chi, Seated Tai Chi, Slow Line Dancing, Mindfulness

We hold groups: Mindfulness, Healthy Living Groups

Your Staff & Volunteers

Full-time:	Part-time:	Trustee/Board members:	Active volunteers:
0	16	7	13
Do you have a Safeguarding policy? Yes			
Are the following people in your organisation subject to DBS checks?			
Paid Staff Yes	Volunteers Yes	Trustees / Management Committee Members Yes	

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?
Leased	It is a gift in kind. No limit

Environmental Impact**What action have you taken in the past year to progress environmentally sustainability principles and practice?**

All staff and volunteers are trained in how to minimise waste.

No staff are allowed to use a car for work purposes.

We do not pay our own energy bills and cannot monitor them as they are part of the hospital.

We have got windows repaired to reduce draughts in all rooms.

We recycle wherever possible.

We have moved to a computer-based booking system. This cuts down on paper.

We encourage service users to use public transport and when they can't Dial a Ride.

Finance Details

Organisation Finances

	Year of most recent audited / examined accounts	Current financial year forecast	Next financial year budget
End of financial year date	31/03/2017	31/03/2019	
Grants & donations:	£66,798	£50,495	£0
Earned income:	£114,585	£54,284	£0
Other income:	£2,029	£0	£0
Total income:	£183,412	£104,779	£0
Charitable activity costs:	£179,266	£111,108	£0
Cost of raising funds:	£0	£0	£0
Other costs:	£0	£0	£0
Total expenditure:	£179,266	£111,108	£0
Free unrestricted reserves held at year end:	£50,537	£36,629	£0
What is your organisation's reserves policy? The trustees review their reserve policy periodically and aim to retain an adequate sum to ensure the continuity of activities. This is to ensure that in the event of a significant drop in funding, the charity can continue its current activities while consideration is given to ways in which additional funds can be raised. Accordingly, they have set aside £35,000 of unrestricted reserves as a designated fund. The balance of unrestricted reserves of £7,958 remains in a general fund.			
For your most recent financial year, what % of your income was from statutory sources? 1-10%			

Organisational changes

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

None

Grant Request

Under which of City Bridge Trust's programmes are you applying?
Connecting the Capital

Which of the programme outcome(s) does your application aim to achieve?
Connecting the Capital\Londoners experiencing Inequality or disadvantage have greater wellbeing and independence through improved access to arts, sports and other community facilities and services

Please describe the purpose of your funding request in one sentence.
To enable older people to live more independent, full and active lives overcoming the health inequalities that age brings, particularly to those who are disadvantaged because of poverty and disability.

When will the funding be required? 02/01/2019

Is this request to continue work that is currently funded or has been funded in the last year by:

City Bridge Trust?	Another funder? (if so which)
Yes	

How much funding are you requesting?

Year 1:	Year 2:	Year 3:	Year 4:	Year 5:
£38,802	£38,802	£0	£0	£0

Total Requested: £77,604

You and your grant request

What, specifically, are you applying for (your project)?

Funds to ensure that our service can reach and support more older people are best able to take advantage of what their community specifically and London in general has to offer by

- 1) Funding to subsidise the fees of people over the age of 75 as we have an age-related sliding scale of fees to ensure that people can use the service when they need to rather than when they can afford it.
- 2) Funding for the Volunteer Coordinator to continue to develop the range of services offered by us through volunteers particularly Volunteer Team Leaders

What are the changes you hope to achieve?

To make Hoxton Health's volunteer programme more sustainable by recruiting and training a small team of Volunteer Team Leaders who can take part in the recruitment, training and supervision of volunteers.

To improve the health of older people so they can be more active, independent and have a happier healthier life.

To continue and expand our outreach clinics in more care and nursing homes.

To broaden the range of roles and experiences available for volunteers.

How do you know there's a need for this work?

1) Ageing has a negative impact on health. Older people carry the biggest burden of non communicable disease. Poor health is directly linked to poverty and Hackney is the second most deprived borough in England. The NSFOP says 'Growing old has been seen to represent a period of increasing dependency as physical strength, stamina and suppleness decline and the individual has to cope with chronic or long term conditions. But ageing and chronic degenerative disease, disability and ill health are not an inevitable consequence of ageing.'

2) We have an ever increasing number of people over the age of 75 coming to use our service. We have an open referral system and receive referrals from Hospital departments as well as the voluntary sector and local GPs. We try to respond to demand.

How will the work be delivered - specifically, what will you do?

We will explore health solutions with more than 250 older people each year, and help them address problems to enable them to live healthier, more active and involved lives. We will deliver 2000+ very low cost treatments a year to older people. (Our fees are based on a sliding age-related scale.)

We will work with more than 20 volunteers a year with the aim of meeting their needs and wishes: to provide work experience and a safe and caring environment to build up confidence, to provide challenges, to get experience and learn new skills and for older volunteers to offer a supportive, stimulating and meaningful activity which involves them in social activity and uses their skills increases their confidence and social connections.

We will offer at least 24 people in care homes treatment (sometimes resulting in better sleep, mood and happiness and sometimes is a considerable improvement in their condition).

Why are you the right organisation to do this work?

We have expertise in working with a frail and older population and success in improving well being and social interaction. We are the only organisation in Hackney that specialises in health and wellbeing services for older people. We have been doing this since 1987. We have a reputation for delivering high quality, reliable and continuing services. We have experience in delivery of services to older people in a variety of environments from individual's homes, nursing homes to GP practices. We have a robust monitoring system which shows the efficacy of the work we do in increasing well being and activity as well as reducing pain and social isolation. We are flexible and responsive and well connected within our community.

We work to high standards and monitor all service users and have achieved Investing in Volunteers standard.

How does your work complement and not duplicate other services within your area?

We work in collaboration and partnership with organisations across City and Hackney and in doing so our aim is to provide as seamless a service as possible. For example, while St Joseph's Hospice is able to offer therapeutic interventions to people in the hospice, they cannot provide services to people who go home to die. We can. We don't duplicate services but we are responsive and able to act quickly.

We take referrals from across the spectrum of service providers in City and Hackney (statutory and voluntary) as well as self referrals and we endeavour to fill gaps in services identified by other agencies, for example the provision of foot health services when this was withdrawn by Age UK.

We are involved in HCVS and have close links with Hackney's Health and Social Care Forum.

How will this proposal meet the Programme Outcome(s) under which you are applying?

Older people become more socially isolated and disengaged from their community and what it has to offer through failing health; mental and physical. We will work to improve the health and wellbeing of older people, particularly those affected by disability and poverty. This will enable them to be more independent and active and better able to access community facilities and services and enjoy and take part in what the community has to offer.

The whole thrust of our organisation is to provide opportunities for Better Health in Later Life. This proposal will improve the health and well being and independence of 260 older people per year and give them a greater level of choice in their lives and their activities.

How will you ensure that your project will hear and represent the views and needs of disadvantaged people and/or diverse communities?

We monitor all service users to ensure that our results are good and we follow up on service users who don't seem to be getting the benefit we would expect.

We survey service users to ensure that they consider the work we do relevant and of a high standard.

We regularly attend the Older People's Reference Group and consult with members. We respond to our local Joint Strategic Needs Analysis as well as issues raised by older people (foot health and fun exercise for example) and always consider if we are best fitted to provide services. We are open to innovation and we are user led.

We have links with grass roots community organisations and, where it is appropriate, we try to address the issues raised.

How does your project engage and empower individuals and/or communities to come together on this issue? Will you be working with people who are particularly excluded?

Through improved health people are better able to come together. We encourage service users to get involved with the Older People's Reference Group, a powerful Hackney mouthpiece.

We have developed a successful programme to work with socially isolated people. Socially excluded groups have a ten fold increase in the likelihood of premature death. Because we have an open referral system and have made provision for services for people who have no ability to pay (as a result of having no income or claim to benefits) we have service users who are drug users, ex offenders/prisoners those with HIV/AIDS.

We have started a foot health programme for people who are street homeless which we anticipate will develop into a broader range of services.

We are developing two classes for Charadi women and Turkish women as a result of Locomotor Services telling us that there is high need and no matching service.

Is the focus of your project meeting an already identifiable need (acute or otherwise) or are there elements which are preventative and/or incorporate early action?

Because we are dealing with health primarily, most people come to us with an already identifiable need, generally chronic.

Most come because they are not having the results either they or their GP had hoped from the available pathways. However, our work is not only remedial but both preventative (for example in the case of people with arthritis who are in line for a joint replacement and end up not needing one) and we are able to help people to take early action to ensure that small problems don't escalate into bigger ones, for example for people with pre-diabetes diagnosis we are able to offer information and options and support them to address this through diet and exercise which can mean the difference between no longer being pre diabetic and becoming fully diabetic.

Who might you need to work closely with in delivering this project - whether before, during or afterwards?

Volunteer Centre Hackney, Psychological Services and the Refugee Centre for recruitment of volunteers.

The Physiotherapy Team, Pain Clinic, Refugee Centre, Psychological Services, (and other Homerton University Hospital Departments) Salvation Army for referrals to the Hoxton Health.

Sharp End, Age UK and other service providers of services to older people in Hackney for coordination of work.

Hoxton Trust, Wick Award, Kings Park Trust (and other grass root community organisations) as well as the OPRG and our service users about the direction of Hoxton Health.

Our aim as a funder is to help people move positively between any of the four stages of Surviving, Coping, Adapting and Thriving. For your project at which of these stages will most people begin their journey?

Most people come to us in the Coping stage and some in Surviving or Only Just Surviving. Our aim is to support people through interventions, education and advice to adapt their lifestyle/choices to get to Thriving and at the very least Adapting. These stages fit in clearly with our Service User Ladder which we use to ensure that service users are getting the most from our services and progressing.

We refute that, although the burden of chronic disease falls more on older people than younger, that that necessarily means that every incident or episode of ill health leads to a long term deterioration in health, a prescription forever and a reduced quality and variety of experience of life, until death. We believe that for the majority of episodes of ill health, even in later life, people should expect support to fully recover.

Will there be any elements of this project that will help you or your beneficiaries to reduce your environmental footprint?

Better health usually leads to improved environment footprint.

Because this is the case, by improving their health, wellbeing and mobility of service users we anticipate that they will be able to be more active and able to use public transport more easily, be able to walk more easily, use less fuel to keep warm because they are more active, spend more time together and less heating and lighting their own homes, take fewer medicines and need to go to the GP less often.

What are the main activities or outputs you want to deliver?

1255 complementary health treatments for people over the age of 75

Recruitment of 20 volunteers and further development of the roles they play including the recruitment and training of two Volunteer Team Leaders.

Continued work in care and nursing homes providing at least six treatments per week for people living in care and nursing homes.

What 3 main differences or outcomes do you hope the activities you have described above will achieve?

Improvement in the quality of life of service users as measured by MYMOPs. Reduction in dependence of painkillers and other medication. Improvement in sleep, activity and pain levels.

Volunteers getting valuable work experience and engaging in meaningful activity. Improvement in social confidence for volunteers with mental health problems and experience for practitioner volunteers wanting to work with older and frail older people. Volunteers, practitioners, service users and staff broadening their social circles, knowledge and interests.

Care home residents having less stress and anxiety and an improvement in quality of sleep, mood and well being as the result of receiving caring physical touch which reduces stress hormones.

Funding required for the project

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

Expenditure heading	Year 1	Year 2	Year 3	Year 4	Year 5	Total
0.5 Volunteer Coordinator	17170	17170				34340
Manager	9412	9412				18824
Receptionist	1613	1613				3226
Finance Officer	480	480				960
Practitioner costs	22606	22606				45212
Volunteer Expenses	2688	2688				5376
Clinical Supervision	2580	2580				5160
Overheads	3614	3614				7228
TOTAL:	60162	60162				120326

What Income has already been raised?

Source	Year 1	Year 2	Year 3	Year 4	Year 5	Total
User fees	21360	21360				
TOTAL:	21360	21360				42720

What other funders are currently considering the proposal?

Source	Year 1	Year 2	Year 3	Year 4	Year 5	Total
	0	0	0	0	0	0
TOTAL:	0	0	0	0	0	0

How much is requested from the Trust?

Expenditure heading	Year 1	Year 2	Year 3	Year 4	Year 5	Total
0.5 Volunteer Coordinator	17170	17170				34340
Manager	9412	9412				18824
Volunteer Expenses	2688	2688				5376
Practitioner costs	9532	9532				19064
TOTAL:	38802	38802				77604

Who will benefit?

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

304

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

Hackney

Does this project specifically target any groups or communities?

This project will specifically work with the following age groups:

65-74

This project will specifically work with the following gender groups:

This project will specifically work with the following ethnic groups:

If Other ethnic group, please give details:

This project will specifically work with Deaf and disabled people:

No

This project will specifically work with LGBTQI groups:

No

This project will specifically work with other groups or communities:

How will you target the groups/communities you have identified? What is your expertise in providing services for these groups?

Are there any groups or communities you think your organisation will find hard to include through this project?

No

If yes, please specify which groups or communities? Where possible using the categories listed above.

If yes, what steps will you take to make your services accessible to and meet the needs of the groups/communities you have identified?

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: **Janet Cobill**

Role within **Manager**
Organisation: