GRANT APPLICATION 2016/17 – ASSESSMENT AND RECOMMENDATION

Priority Corporate Outcomes	To support people who need help to maintain their independence and lead active lives, including older people and people with disabilities and complex needs To reduce health inequalities To promote self-care through access to information, resources and community networks	
Organisation	ACTION ON HEARING LOSS	ref 6/S/PSD
Address	Julius Newman House, Woodside Park Road, N12	

Relevant policy, aims and objectives

The council is committed to helping people to be independent and live active lives, recognizing that some people need more support than others to achieve this. The transformation of adult health and social care set out in the Care Act 2014 and Department of Health publications 'Our Health, Our Care, Our Say' and 'A Vision for Social Care, Capable Communities and Active Citizens' places growing emphasis on preventative services; delivering targeted information and advice; and ensuring people have the right support at the right time.

Corporate priorities reflect the national disabilities agenda of moving away from specialist service provision to facilitating access to mainstream services with a focus on addressing inequalities. Help with adaptations, assistive technologies and the provision of support services form part of the strategy to facilitate independent living. The development of a unified information and advice portal is aimed at supporting better awareness, prevention and early intervention. The strategy recognizes that gaps exist in the provision for people with sensory impairment, including hearing loss, to maintain an independent life.

Activities / proposal

Formerly known as the Royal National Institute for the Deaf, Action on Hearing Loss (AHL) is a registered charity and company limited by guarantee which provides services for deaf and hard of hearing people across the UK, including hearing aid maintenance and support for wearers of NHS hearing aids and deaf people with additional or complex needs; befriending and support services; and advice and information on issues relating to hearing loss. It also supports medical research and is a campaigning organization, raising awareness of deafness and hearing loss.

AHL's work in Barnet (and adjoining parts of north-west London) has grown significantly since 2010, when it took on delivery of hearing aid support services in the locality after funding for similar work by the Jewish Deaf Association expired. A part-time member of staff and eight trained volunteers, working in conjunction with the audiology departments at Barnet, Chase Farm and the Royal Free Hospitals (which supply batteries, other hearing aid consumables and training), general practitioners and Age UK Barnet, support clients mainly at four drop-in clinics in N2, N20, NW4 and NW11, minimizing the need for them to visit main hospital sites. The charity also runs four befriending groups in libraries or community venues for local residents who have become isolated due to hearing loss in similar parts of the borough.

It is estimated that up to 800 people in Barnet have a profound hearing impairment and another 16,000 some form of hearing loss. 230 local residents are registered with AHL and regularly attend its clinics or befriending groups. In 2015/16, it delivered 134 drop-in sessions and 1,051 hearing aid support, befriending and information interventions. 89% of respondents to a users' survey in 2015 stated that AHL had helped them benefit more from their hearing aid. 79% said that it had made a big improvement to their daily life.

This application seeks help to develop and expand AHL's activities in Barnet by way of:

- ensuring that the 'Accessible Information Standard' published by the NHS in July 2015, applicable to all NHS England and adult social care services, is fully implemented in all health and social care settings in Barnet;
- * improving the reach of the existing hearing aid support service by introducing new drop-in clinics in the north-west of the borough and expanding upon the limited capacity at present to make home visits to less mobile people and their families.

The Accessible Information Standard (AIS) places an obligation on general practitioner surgeries, hospitals, nursing and care homes and adult social care services to ensure that people with a disability or sensory loss know their rights; how to ask for them; and receive information in formats that they can understand and appropriate support to help them communicate. A survey by AHL found that 28% of patients with hearing loss seen by their general practitioner do not understand the diagnosis and 19% are unclear about their medication. In practice, the new standard means that services must, for example, provide a working loop system or British Sign Language video translation to help people with hearing loss.

AHL will disseminate guidelines on compliance with the new rules in relation to people with hearing loss, commencing with all local GP surgeries, and its team of volunteers will work with health and social care professionals to implement the changes that are necessary, to be informed by the outcome of focus groups with local deaf and hard of hearing people to establish local needs, which AHS will convene. It will also institute regular training in care homes, residential settings and independent supportive living projects, where the turnover of staff is traditionally high, in pursuit of maintaining standards of communication and support.

The proposed expansion of the hearing aid support service seeks to improve accessibility across the borough, especially in wards such as Hale, Mill Hill and Underhill where AHL currently has no presence, and by addressing the needs of local people with hearing loss who are housebound and/or cannot get to one of the drop-in clinics. Collaboration with community groups, especially those supporting minority ethnic communities, will help roll out the project.

A work plan accompanying the application shows that AHL will double its team of local volunteers (to sixteen) to deliver these proposals, to include people with hearing loss in recognition of the value of peer to peer support. In addition to the publication of AIS guidelines for surgeries and other health and social care settings, people with hearing loss will also receive a leaflet on what they may in future expect from primary care providers. As regards the hearing aid support service, the target is to increase the number of clinics to eight each month.

It is acknowledged that acquired hearing loss later in life causes frustration, low self-esteem, withdrawal from society and, in some cases, a decline in mental health. The Joint Commissioning Unit supports the proposals as complementary to the strategy for working with the client group, making support services more accessible and ensuring that statutory providers comply with the new accessibility standards.

Cost and financial need

In 2014/15, AHL incurred expenditure of £38,279,000 on its nationwide operation, reflecting its work not only in directly supporting people with hearing loss but also its parallel roles as a medical research charity and as the leading national campaigner for the needs of its client group and on issues such as damaging noise levels. The bulk of income is generated from contracts and grants for the delivery of specialist care and support for people with hearing loss and donations, gifts and legacies. Funds also derive from the sale of products and training, and

from commercial sponsorship partnerships. Net current assets at 31/5/2015 were £10,495,000, of which £2,305,000 were restricted funds, leaving an uncommitted balance of £8,190,000 (19.7% of estimated 2016/17 expenditure), in line with the level of reserves recommended by the Charity Commission for an organisation of this size.

Localized projects, such as the one in Barnet, which are mainly free of charge, operate on the basis of the proceeds of local or general fundraising. The existing Barnet operation has a budget of £21,718 in 2016/17, of which the main cost is the part-time worker.

In 2011/12, AHL was awarded a corporate grant of £8,000 to launch the befriending groups.

The cost of rolling out the work on the AIS and expanding the reach of the hearing aid support service is shown as £9,872, of which £6,972 (70%) is to add another ten hours a week to the part-time worker's paid employment (with on-costs) to co-ordinate delivery. The balance of the budget comprises promotion and marketing (including production of leaflets) (£500); communication support (£600); room/venue hire (£300); staff and volunteer travel/subsistence (£700); and general running costs (£800). The request is for a grant of £10,000.

Most of the proactive work on implementation of the AIS will take place over the next twelve months. Thereafter, activities around the standard will be more reactive, reducing any future funding requirement. The additional drop-in clinics, once set up, will be run, and home visiting delivered, by volunteers. Future running costs will be defrayed by ALS through its national fundraising strategy.

The grant recommended slightly reduces the allowance for some elements of the budget, based on the estimates presented.

Grant recommendation, type and conditions				
£9,600 (from Edward Harvist Charity)	Start-up grant One-off grant	*		
Special conditions:				
Payment of the award should be made subject to the receipt of quarterly progress reports demonstrating the achievement of milestones, targets and outcomes set out in the work plan accompanying the application and an undertaking to provide an evaluation of the two projects at the end of twelve months.				
Target grant outcomes				
To improve the quality of life, health and wel	I-being of people with	hearing loss, enabling them to		

Date:

August 2016

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live independently and as active members of the community.