



# Innovation Project Application Form

Salford Innovation and Improvement Fund Locality Call 2022/2023

Each question in this application form is very specific about the information required. **Please ensure that you read the separate ‘Application Guidance’ document carefully, complete all sections of this form and provide all the information requested.** Please ensure that any abbreviations/acronyms are explained at the start of the application; they may then be abbreviated throughout the remainder of the application.

## SUBMISSION DETAILS

<b>SUBMITTED BY</b> <i>(name, role, org.)</i>	Rebecca Smee
<b>CONTACT NUMBER</b>	07413 163 682
<b>EMAIL ADDRESS</b>	<a href="mailto:Rebecca.smee@nhs.net">Rebecca.smee@nhs.net</a>
<b>SUBMITTING ORGANISATION</b>	SPCT Inclusion Service
<b>PARTNER ORGANISATION(S)</b> <i>(if a joint bid)</i>	
<b>DATE SUBMITTED</b>	

<i>Details of how to complete each section of this form correctly are found in the Application Guidance document. Please confirm that you have followed this guidance</i>	<input checked="" type="checkbox"/> I have read and followed the Innovation Fund Application Guidance document
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**SECTION ONE: PROPOSAL OUTLINE**

**1) NAME OF YOUR PROPOSED PROJECT**

Improving engagement with Sexual health services and increase uptake in LARCs for underserved communities in Salford including women experiencing homelessness.

**2) SUMMARY OF PROPOSAL**

We aim to improve education and awareness regarding contraception and local sexual health services for underserved communities leading to an increased uptake of contraceptives (especially long-acting methods) to tackle unplanned pregnancies and STIs.

Analysis of Salford data shows that women’s uptake to LARCS is below the England average.



**Situational Analysis: Data Tool**

**Salford**



The Inclusion GP Services primarily supports people who are experiencing homelessness access primary health care.

Health outcomes for those who are homeless are significantly worse than the general population.

In a report commissioned by Crisis, *Homelessness: A Silent Killer* (2011) the average age of death of a homeless person was reported as 47 years for men and 43 years for women (compared to 77 years for the general population).

- Drug and alcohol abuse are particularly common causes of death amongst the homeless population, accounting for just over a third of all deaths
- Homeless people are over nine times more likely to commit suicide than the general population.

A study from the charity Groundswell *Room to breathe* (2016) estimated that smoking rates in homeless people to be 85% in comparison to around 18% for the rest of the population.

A Homeless Link survey *Homelessness and health research* has highlighted that:

- 41% of homeless people reported a long-term physical health problem (compared to just 28% of the general population)
- 45% had been diagnosed with a mental health problem (compared to 25% of the general population)
- 36% had taken drugs in the past six months (compared to just 5% of the general population).

Although there are sexual health services available in Salford and the Inclusion Service can prescribe contraception, the uptake of LARCs with current registered patient is 0/92.

This could be due to several factors, people experiencing homelessness often come across many barriers to accessing health care including mistrust of services and past trauma.

Listening to patient's views, preconceptions and fears is key.

The women's health strategy for England, July 2022 states "*In the call for evidence public survey, 84% of respondents said that there had been instances in which they had not been listened to by healthcare professionals. We heard about women's experiences at every stage of the journey, from initial discussion of symptoms to further appointments, discussion of treatment options, and follow up care.*"

And two of their 10-year ambitions focus on this: "*Our ambitions include: women and girls feel listened to and have their concerns taken seriously at every stage of their journey, from initial discussion of symptoms to further appointments, discussion of treatment options, and follow up care. There is an end to taboos and stigmas which reinforce beliefs among women, health and care professionals and wider society that health problems or painful symptoms are normal and something to be endured • women and girls report better experiences of procedures and are well-informed about the care they can expect, disparities in experiences of services and procedures are reduced, especially for women from under-served and seldom-heard groups.*"

If this bid is successful, we will identify female patients registered and registering with the SPCT Inclusion Service between the ages of 18 and 65 years and invite them to a monthly Sexual Health education workshop. We will also invite Loaves and Fishes to identify the women using their services between the ages of 18 and 65 years and extend the invite to Salford Women's Centre who we have links with.

Listening and planning educational workshops is vital to this project. The workshops will allow a safe space in a non-clinical setting to discuss methods of contraception's with a clinician, ask and answer questions regarding women's health and share information regarding local sexual health services. A dedicated women's health clinic with a prescriber

will be set up so that registered attendees can book into on the day to encourage uptake and ease of access. We will provide barrier contraception to attendees as well as home testing STI kits to those who feel they can not attend the centres. The Case Manager will be present to support women with non-clinical queries.

As the Inclusion Service values its practice as trauma informed, we will ensure that the women are supported and made to feel welcome. This will include creating a safe and calm atmosphere and allowing for confidential discussion.

Throughout the project we would invite women to share their thoughts and evaluations and we will follow up the attendees of the workshop to analyse impact. There will be GP/Project management time to over see the project and provide support for clinicians if needed.

### 3) KEY OBJECTIVES: WHAT ARE YOU TRYING TO ACHIEVE?

*(Key things that need to happen for the project to be considered successful)*

These objectives need to be **SMART (Specific, Measurable, Achievable, Realistic and Timed)**. Project objectives and associated payments need to be completed within the 12 month period after the agreed project start date.

If the project has more than five objectives, please list additional objectives in the comments section.

<b>Objective 1:</b>	To identify all female patients aged 18 years to 65 years registering with the Inclusion Service (Baseline: 28.03% of <b>new</b> registrations between August 2021 and August 2022 which equates to 60 new female patients registering in 12 months).
<b>Objective 2:</b>	To identify new non-registered female clients of Loaves and Fishes and Women's Salford Centre aged 18 years to 65 years
<b>Objective 3:</b>	To plan, promote and hold a monthly sexual health awareness education workshop with a focus on access to local services, Q&A with clinician, access to home STI testing and addressing social and cultural barriers
<b>Objective 4:</b>	To contact all eligible patients within 2 weeks of registration and invite to education workshop
<b>Objective 5:</b>	Provide appointments with Inclusion Service to offer LARCs or signpost and support in booking into to Sexual Health Services depending on patient's/client's preference

**Comments:**

**4) WHICH CITIZENS / PATIENTS / COMMUNITIES / VULNERABLE GROUPS WITHIN SALFORD WILL SEE A BENEFIT AS A RESULT OF THIS PROPOSAL?**

Group/s	What benefit/s will be realised for this particular group?
Females experiencing homelessness	Barriers removed from accessing women’s health care Time allowed for education and to build up trusting relationship Addressing disparities in healthcare experiences and outcomes for women in inclusion health groups Improved health outcomes Potential reduction in STI & unplanned pregnancies
Female Asylum Seekers and Refugees	
Females in contact with the criminal justice system	

**5) HAVE YOU PREVIOUSLY SUBMITTED ANY APPLICATIONS FOR FUNDING TO DELIVER THIS PARTICULAR INNOVATION WITHIN SALFORD?**

*Please tick the relevant box, and provide details where necessary*

		Details
<input checked="" type="checkbox"/>	<b>No</b>	
<input type="checkbox"/>	<b>Yes – and it was not funded</b>	
<input type="checkbox"/>	<b>Yes – and it was funded</b>	

**6) HAS YOUR PROPOSED IDEA BEEN IMPLEMENTED OUTSIDE OF SALFORD PRIOR TO THIS APPLICATION?**

*(If yes, please state where, when and provide details of the impact of this in the comments section below)*

- Yes
- No

**Comments:**

**7) PLEASE EXPLAIN HOW THIS PROPOSAL IS “INNOVATIVE”**

The project supports integrated, collaborative working between primary care and the voluntary sector, in order to achieve sustainable change and improvement and addresses Health Inequalities and Wider Determinants of Health.

As stated in the women’s health strategy: “Women have spoken about their struggles to access high quality information on women’s health issues, such as advice on accessing the right form of contraception for them,” this innovative way of working will allow dedicated time for women to be heard, ask questions and build trust with services before making informed choices regarding their sexual health and contraception which is in align to the Salford Locality Innovation Priorities

Currently, sexual health and advice is available to these cohorts of women, however the Inclusion data shows that out of the 93 women registered, not one person is prescribed long acting reversible contraception.

NICE guidance for Integrated health and care for people experiencing homelessness recommends that services should be delivered through recognising that more effort and targeted approaches are often needed to ensure that health and social care for people experiencing homelessness is available, accessible, and provided to the same standards and quality as for the general population.

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**SECTION TWO: ALIGNMENT WITH SALFORD LOCALITY PRIORITIES**

**8) WHICH OF THE 2022-23 INNOVATION PRIORITIES DOES YOUR PROPOSAL ADDRESS?**

(This year's Innovation Priorities are summarised below. Please tick the ONE most relevant box for the priority area your proposal aligns with.)

2022-23 Innovation and Improvement Themes	
<input type="checkbox"/>	Neighbourhood based care
<input type="checkbox"/>	Safer Salford Care Homes and Domiciliary Care
<input type="checkbox"/>	Workforce Transformation
<input checked="" type="checkbox"/>	Sexual Health
<input type="checkbox"/>	Frailty and ageing
<input type="checkbox"/>	Screening
<input type="checkbox"/>	Tackling vaccine / immunisation hesitancy

**A full breakdown of these themes is available in the separate Application Guidance document.**

<b>NONE / OTHER</b>	<input type="checkbox"/>	Please select this option if your proposal does not clearly align to any of the above priority topics, but you believe it addresses a current un-met need
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**9) WHICH OF OUR CORE INNOVATION PRINCIPLE/S DOES YOUR PROPOSAL EVIDENCE?**

(Please tick all that apply)

<input type="checkbox"/>	Exploiting the use of <b>Technology and Digital</b> Innovation
<input type="checkbox"/>	<b>Partnership Working</b> - Developing links between Health & Social Care and external organisations that are looking to test and evaluate innovative solutions in this field
<input type="checkbox"/>	<b>Neighbourhood Working</b> - Developing, delivering and structuring Health & Social Care within the 5 Salford Neighbourhoods / GP Networks
<input checked="" type="checkbox"/>	Addressing <b>Health Inequalities and Wider Determinants of Health</b>
<input type="checkbox"/>	Improving the <b>Environmental Sustainability</b> of care

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**SECTION THREE: PROJECT DELIVERY**

**10) KEY PROJECT TIMESCALES**

*(What is expected to happen, when?)*

<b>Month 1</b>	Learning objects and plan for workshops to be written, patient voice to be collected to gain pre-knowledge
<b>3 months:</b>	Inclusion Service patients identified, Women’s Centre and Loaves and Fishes clients invited to workshops -
<b>6 months:</b>	Continuation of monthly workshops, mid-point women’s voice and data collection, uptake in LARCs
<b>9 months:</b>	Continuation of monthly workshops leading to uptake in LARCs
<b>12 months:</b>	Collect all data to compile report

**11) HOW IS THE PROJECT GOING TO BE MANAGED?**

Inclusion Service team to oversee project – Case Manager and GP  
Rebecca Smee & Wan-ley Yeung

**12) HOW WILL YOU MEASURE AND EVALUATE YOUR PROJECT?**

**A) Does your proposal involve an external / independent evaluation?**

- Yes
- No

**B) Who will be carrying out the evaluation of this project?**

Inclusion Service – Rebecca Smee

**C) Please outline your plan for measurement and evaluation of the project**

We will measure the number of female patients registered and registering with the Inclusion Service and collect information on current contraception.  
We will collect women’s voice on pre-existing contraception knowledge through a short questionnaire.  
We will invite patients to monthly workshops and monitor attendance.  
We will invite non- registered patients to monthly workshops and monitor attendance, with consent will collect details in order to follow up on outcomes.  
Mid-point we will collect women’s voice and collect data on uptake of LARCs, we will also collect data for non-registered patients where possible. End point collection of data and compile report.

**13) WILL THE PROJECT REQUIRE A CHANGE TO AN ESTABLISHED CARE PATHWAY?**

*If you are currently unable to assess if the activity will require a change to an established pathway, please indicate so using the Don't Know option. Applications selected to progress will be able to*



work with their sponsor to establish this.

- Yes  
 No  
 Don't Know

If Yes, please provide details of the existing care pathway and explain how your project will require a change to this.

**14) IS THIS A DIGITAL HEALTH TECHNOLOGY (DHT)?**

- Yes  
 No

*IF YES, please answer the below questions:*

**A) How would you categorize the function of this Digital Health Technology (DHT)?**

(tick **ONE** option only)

	Functional Classification	Description	Examples May Include
<input type="checkbox"/>	<b>System service</b>	Improves <b>system efficiency</b> . Unlikely to have direct and measurable individual patient outcomes.	Back office systems, Electronic prescribing, health record platforms, Ward management systems.
<input type="checkbox"/>	<b>Inform</b>	Provides <b>information and resources</b> to patients or the public. Can include information on specific conditions or about healthy living.	DHTs describing a condition and its treatment. Apps providing advice for healthy lifestyles (such as recipes). Apps that signpost to other services.
<input type="checkbox"/>	<b>Health Diaries</b>	Allows users to record health parameters to create health diaries. This information is <b>not shared</b> with or sent to others.	Health tracking information such as from fitness wearables. Symptom or mood diaries. No data transmitted.
<input type="checkbox"/>	<b>Communicate</b>	Allows <b>2-way communication</b> between users and professionals, carers, third party organisations or peers. Clinical advice is provided by a professional using the DHT, not by the DHT itself.	Instant messaging apps for health and social care. Video conference-style consultation software. Platforms for communication with carers or professionals.
<input type="checkbox"/>	<b>Preventative behaviour change</b>	Designed to improve <b>health behaviours</b> to prevent ill health consequences associated with smoking, eating, alcohol use, sexual health, sleeping and exercise. Based on accepted behaviour change theories	Smoking cessation DHTs and those used as part of weight loss programmes. DHTs marketed as aids to good sleep habits.
<input type="checkbox"/>	<b>Self-manage</b>	Aims to help people with a diagnosed condition to <b>manage their health</b> . May include symptom tracking function that connects with a healthcare professional	DHTs that allow users to record, and optionally to send, data to a healthcare professional to improve management of their condition.
<input type="checkbox"/>	<b>Treat</b>	<b>Provides treatment</b> for a diagnosed condition (such as CBT for anxiety), or <b>guides treatment</b> decisions.	DHTs for treating mental health or other conditions. Clinician-facing apps that advise on treatments in certain situations. Electronic prescribing systems that provide patient-level advice on prescribing.
<input type="checkbox"/>	<b>Active Monitoring</b>	Automatically records information and <b>transmits the data</b> to a professional, carer or third-party organisation, without any input from the user, to inform clinical management decisions.	DHTs linked to devices such as implants, sensors worn on the body or in the ward/home/care setting. Data automatically transmitted through for remote monitoring.
<input type="checkbox"/>	<b>Calculate</b>	Tools that perform <b>clinical calculations</b> that are likely to affect clinical care decisions.	DHTs for use by clinicians, professionals or users to calculate parameters pertaining to care, such as early warning system software.
<input type="checkbox"/>	<b>Diagnose</b>	<b>Uses data to diagnose</b> a condition in a patient, or to <b>guide a diagnostic decision</b>	DHTs that diagnose specified clinical conditions using clinical data. AI systems



	made by a healthcare professional.	making diagnostic or triage decisions.
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*Functional Classifications from NICE Evidence Standards Framework for Digital Health Technologies (April 2021)*

**B) Does the Digital Health Technology have a CE mark?**

Yes

No

**C) Is the Digital Health Technology classed as a medical device?**

Yes

No

**If yes, please state classification and whether currently approved by MHRA**

**15) WILL YOUR PROPOSED PROJECT ACTIVITY REQUIRE ACCESS TO, CHANGES TO, OR INTEGRATION WITH, EXISTING IT SYSTEMS TO ENABLE DELIVERY?**

Yes

No

Don't Know

*Please only select the 'Don't Know' option if you are currently unable to assess whether the activity will require access or changes to IT systems or infrastructure. If selected for progression, you will need to engage the relevant IT departments of pilot sites to complete this assessment and establish any requirements prior to achieving final sign-off for funding.*

**If Yes, please answer the below questions:**

**A) Which system/s or infrastructure will you require access to, changes to, or integration with?**

**B) What changes / integrations are required, and the timescales needed for this?**

**C) Who owns or manages this system / infrastructure?**

**D) How have you engaged with the relevant system owners / managers / IT departments so far to determine the feasibility of making these necessary changes?**

**16) WHAT RISKS HAVE YOU IDENTIFIED FOR THIS PROJECT, AND HOW WILL YOU MITIGATE THEM?**

There is a risk that patients will not want to engage with discussions re# sexual health due to past traumas. Trauma informed practice tools, good education and counselling that addresses this fear will be given where appropriate. As the project progresses, hopefully, patients that have engaged already can positively influence new patients that use the same services as them to attend.

There is a risk that patients whose first language is not English, will not be able to follow



the workshops. We will use keep language simple and jargon free, use visuals, online translation and interpreters if required. If appropriate we will pair patients by home language with consent.

There is a risk that once we identify potential individuals that we might not be able to contact them. We will try to get as many contact details as possible at the initial registration and use the Inclusion MDT to support in locating.

There is a risk that the workshop content is not tailored to meet the needs of the patients. We will discuss with people with lived experience prior to roll out.

There is a risk that patients will not attend the workshop due to past experiences with health care or they may forget due to the chaotic nature that experiencing homelessness can ensure. We will promote the workshops through our partners, we will hold the workshops in places that are familiar and safe to patients, we will ring/text to remind patients and we will persistently engage to provide opportunities for people to attend.

There is a risk that not all data will be available for collection at the 12month period. If patients are identified near the end of the project, we will not be able to collect data on whether they uptake LARCs. To mitigate this, we will continue to collect data beyond the time of the 12-month project and when completed will still disseminate the completed evaluation.

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[Form Continues on Next Page](#)



## SECTION FOUR: BUDGET & FINANCE

### 17) WHAT IS THE TOTAL AMOUNT OF FUNDING YOU ARE REQUESTING?

*This must be a set figure – requests for variable amounts will not be accepted. Please ensure the amount stated is fully inclusive of all VAT*

**£45,379.67**

*Payment schedules for successfully funded projects will be finalised prior to sign-off. The typical arrangement is to pay 50% of awarded funds up front, with the remaining 50% released upon receipt of a successful 6-month project update report. If you would require any different payment schedule or arrangement, please give details below*

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**18) PLEASE PROVIDE A FULL BREAKDOWN OF HOW THE REQUESTED FUNDS WILL BE UTILISED**

*Please include a comprehensive budget, ensuring you include VAT where applicable.*

Practice Nurse to plan and deliver sessions 1 (done in addition to work as a salaried PN at SPCT so that extra hours will be claimed) 4 hours per month @ £20.21/hr x 46 = £3,718.64

Specialist locum ANP to provide support in planning and delivering of sessions 4 hours per month @ £55/hr x 46 = £10,120.00

Locum ANP (extra prescribing clinics needed to dedicate to LARCS) 4 hours a week @ £55/hr x 46 = £10,120.00

Project management time (done in addition to work as a salaried GP at SPCT and Clinical lead for the Homeless project so that extra hours will be claimed) which includes data collection, chasing these patients to get them to attend their appointments, time to review virology/STI results where appropriate, time to counsel about positive results/referral pathway, data analysis and report writing– 2 hr per week @ £96/hr x 46 = £8,832

Case management time (done in addition to work as a salaried Case Manager at SPCT so that extra hours will be claimed) which includes data collection, collection of patient voice and feedback, report writing 2 hours per week @ £22.38/hr x 46 = £2,058.96

Meetings:

GP project meeting (done in addition to work as a salaried GP at SPCT and Clinical lead for the Homeless project so that extra hours will be claimed) 1 hr per month @ £96/hr x 12 = £1152.00

Case Management meeting (done in addition to work as a salaried Case Manager at SPCT so that extra hours will be claimed) 1 hour per month @ £22.38/hr x 12 = £268.56

Practice Nurse meeting (done in addition to work as a salaried PN at SPCT so that extra hours will be claimed) 1 hours per month @ £20.21/hr x 12 = £242.52

Mixed packs of clinic condoms to supply at workshops: £1,007.90

Administration time for identification of new patients – 1hr per week for 50 hrs @ £12.80/hr = £640.00

Marketing materials and comms - £500

Sundries approximately for workshop refreshments (approx. 200 people tea/coffee/biscuits) £500

Taxi to support patients to attend workshop if struggle to attend £300

15% over head = £5919.09

**19) HOW WILL THE PROJECT ACHIEVE A RETURN ON INVESTMENT / COST BENEFIT?**

[Unprotected Nation - Executive Summary \(ssha.info\)](https://www.ssha.info)

Commissioned by the UK's leading sexual health charities, Brook and FPA (Family

Planning Association), **Unprotected Nation** Report delved into the NHS costs of unprotected sex:

- Based on current access levels, the annual costs of unintended pregnancies to the NHS between 2013 and 2020 will be £662 million; a cumulative total of more than £5.2 billion over 8 years
- Around 510,000 new STI diagnoses were made in the UK in 2016, with estimated treatment costs of £620 million.
- Combined Impact of Unintended Pregnancy and STIs
- If there is worsened access, the combined costs to the NHS of unintended pregnancy and STIs could be as high as £781 million by 2020.

Conversely, improved access to services could result in savings of up to £1.45 billion by 2020.

## 20) WHAT COMES NEXT AFTER THIS FUNDING? HOW WILL YOU ENSURE THAT ACTIVITIES, OR RESULTS, ARE SUSTAINABLE AFTER THE 12 MONTH FUNDED PERIOD HAS ENDED?

We will present our results to relevant stakeholders with a view to securing a different funding stream to continue the work however, the project will allow dedicated time to build a program and share expertise with local services which can be built upon during the 12 months. The aim would be to then build the sexual health education/check into the SPCT Inclusion new patient health check.

Staff will be confident in delivering the advice and be aware of what common questions and themes to expect.

If the project was supported further, we would develop it to add in pathways to access trauma based counselling.

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[Form Continues on Next Page](#)

**SECTION FIVE: DATA PRIVACY IMPACT ASSESSMENT**

**21) WILL THE PROJECT COLLECT / USE / PROCESS PERSONAL CONFIDENTIAL DATA?**

- Yes  
 No

*If 'yes', please tick below which of the personal and sensitive data items the asset / system / project will process.*

Personal Data Items

- Forename(s)  
 Surname  
 Address  
 Postcode  
 Date of Birth  
 Home Telephone Number  
 Mobile Telephone Number  
 Other Contact Number  
 GP Name and Address  
 Legal Representative Name (Next of Kin)  
 NHS Number  
 National Insurance Number  
 Photographs / Pictures of persons  
 Other – please state below:

Sensitive Data Items

- Gender  
 Religion  
 Ethnic Origin  
 Medical Information  
 Occupation / Employment  
 Other – please state below:

*A Data Privacy Impact Assessment (DPIA) form will need to be completed if your proposal is shortlisted to Interview.*

- *If Yes is selected, a full DPIA will need to be completed*
- *If No is selected, the DPIA only needs to be completed up to Screen 5*

**Form Continues on Next Page**





**SECTION SIX: SOCIAL VALUE, EQUALITY AND INCLUSION**

**22) EQUALITY & DIVERSITY POLICY AND COMPLIANCE**

<b>A) Do you have an up-to-date Equal Opportunities (or equivalent) Policy in place?</b>	
<input checked="" type="checkbox"/> Yes	
<input type="checkbox"/> No	
<b>B) Have you been involved in any Equality Act 2010 litigation breaches in the last 3 years?</b>	
<input type="checkbox"/> Yes	<i>If Yes, please give details here</i>
<input checked="" type="checkbox"/> No	

**23) PLEASE DESCRIBE HOW THIS PROJECT WILL ENSURE THE RIGHTS OF PROTECTED CHARACTERISTICS IN PARTICIPANTS, AND CONTRIBUTE TOWARDS TACKLING HEALTH INEQUALITIES IN SALFORD?**

At Salford Primary Care Together, we are committed to taking equality, diversity and inclusion into account in everything we do. This includes providing and transforming services, employing people, procuring goods and services, developing policies, communicating, and involving people in our work.

The NHS is for everyone. No matter your gender, the colour of your skin, your heritage or your age, everyone should receive the same high quality care every time you use a NHS service.

The Equality Act became law in 2010 and covers everyone in Britain. It protects people from discrimination, harassment and victimisation because of the protected characteristics that we all have. Under the Equality Act, there are nine protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Diversity and inclusion are about recognising that we are all different and have varying needs. Age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation are some of the factors, which can mean that people have different experiences or may face additional barriers and prejudice.

The Inclusion Service strive to tackle health inequalities, we primarily support people experiencing homelessness as well as other vulnerable groups such as Sex workers, Asylum Seekers and Refugees, Gypsy, Traveler and show people.



We follow the NICE guidance suggestions of:

## **1.5 Improving access to and engagement with health and social care**

### **Supporting access to and engagement with services**

1.5.1 Design and deliver services in a way that reduces barriers to access and engagement with health and social care, for example, by providing:

- [outreach](#) services (see the [section on outreach services](#))
- [low-threshold services](#)
- flexible opening and appointment times
- self-referral
- drop-in services
- 'one-stop shops' for multiple services
- incentives and help to access care, such as transport support, vouchers or digital connectivity
- advocates (see [recommendation 1.1.12 in the section on communication and information](#))
- [peer](#) support (see the [section on the role of peers](#))
- [care navigation](#)
- [psychologically informed environments](#) and [trauma-informed care](#).

## **24) ADDED SOCIAL VALUE: WHAT OTHER SOCIAL, ENVIRONMENTAL OR ECONOMIC BENEFIT/s WILL SALFORD RECEIVE THROUGH THIS PROJECT?**

There are clear knock-on implications for homelessness, poverty and the physical and mental wellbeing of people in vulnerable situations. This project will add to Salford's social value by fostering healthier, safer and more resilient communities.

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## SECTION SEVEN: OPERATIONAL DETAILS

### 25) REGISTERED DETAILS OF BIDDING ORGANISATION/S

Name of Organisation	Registered Address	Organisation Type
Salford Primary Care Together Inclusion Service	1 Paddington Close, Manchester M6 5PL	Specialist GP practice

### 26) WHICH ORGANISATION WOULD THE GRANT FUNDS BE PAID TO?

*Please note that funding will only be paid to registered organisations, and not to individuals*  
**Salford Primary Care Together Inclusion Service**

### 27) WHO WILL BE THE INDIVIDUAL/S RESPONSIBLE FOR THIS PROJECT?

*(Please complete all sections)*

#### **SENIOR LEAD** *(overall accountability and oversight of project)*

Name	<i>Liz Farrell</i>
Job Title	<i>Service lead</i>
Organisation	<i>Salford Primary Care Together</i>
Email Address	<i>Liz.farrell1@nhs.net</i>
Telephone Number	<i>07593 447795</i>

#### **OPERATIONAL LEAD** *(day-to-day delivery of project)*

Name	<i>Rebecca Smee</i>
Job Title	<i>Case Manager/Service lead</i>
Organisation	<i>Salford Primary Care Together</i>
Email Address	<i>Rebecca.smee@nhs.net</i>
Telephone Number	<i>07413 163 682</i>

**Form Continues on Next Page**





## SECTION EIGHT: APPLICANT AGREEMENT

### 28) PLEASE CONFIRM THAT IF YOUR PROPOSAL IS ACCEPTED YOU ARE AWARE OF, AND AGREE TO, THE FOLLOWING CONDITIONS:

*Applicants must tick all boxes to indicate that they agree to all conditions*

<input checked="" type="checkbox"/>	Bidding organisation must be able to confirm a commencement date for the project within 2 months of receiving funding approval or approval may be withdrawn
<input checked="" type="checkbox"/>	Completion of a 6 month (mid-point) project update report, presented to the Innovation and Research Oversight Group (IROG) and relevant Sponsoring Strategy Group
<input checked="" type="checkbox"/>	Completion of a 12 month (final) evaluation report, presented to IROG and the relevant Sponsoring Strategy Group

### 29) PLEASE CONFIRM THAT YOU HAVE READ AND ACCEPT THE TERMS AND CONDITIONS

- I have read and accept the Salford Innovation & Improvement Fund Terms & Conditions

#### End of Application

Your completed application form, along with any requested additional information, should now be submitted via email to [innovation.salfordccg@nhs.net](mailto:innovation.salfordccg@nhs.net)

You will receive confirmation of receipt within three working days, along with a unique Bid Reference for managing your application and for on-going communication regarding your proposal.

Applications can be withdrawn at any time, for any reason, by contacting [innovation.salfordccg@nhs.net](mailto:innovation.salfordccg@nhs.net) with your Bid Reference

## MAILING LIST

***Want to be notified when we release new Innovation & Improvement funding opportunities?***

If so, please add your preferred email address/es in the box below to subscribe to the Innovation Fund Mailing List:

Rebecca.smee@nhs.net

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