



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

SUBMITTED BY <i>(name, role, org.)</i>	Wendy Hodgson, Senior Service Improvement Manager, NHS GM – Salford Locality
CONTACT NUMBER	07534 867419
EMAIL ADDRESS	Wendy.hodgson2@nhs.net
SUBMITTING ORGANISATION	NHS GM – Salford Locality
PARTNER ORGANISATION(S) <i>(if a joint bid)</i>	Salford City Council More Life
DATE SUBMITTED	

<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
---	--



SECTION ONE: PROPOSAL OUTLINE

1) NAME OF YOUR PROPOSED PROJECT

Maternal Healthy Weight – ante & post-natal

2) SUMMARY OF PROPOSAL

What are you proposing to do and why? What need are you addressing and what evidence can you provide of that need?

2.1 Details of the proposed project

The proposal is to provide specialist weight management and dietetic support to all pregnant women that live in Salford who have a BMI $\geq 30\text{kg/m}^2$ with the aim to support women to stay within the recommended appropriate weight gain during pregnancy and subsequently lose weight in the post-natal period. Details of the project have been provided below:

Referral criteria

In order to access the Maternal Healthy Weight – ante & post-natal programme the following referral criteria must be met:

- Registered with a Salford GP
- Be 8 weeks or more pregnant and registered with a midwifery provider
- Antenatal have a BMI $\geq 30\text{kg/m}^2$ (as per NICE guidelines)

Exclusions: women will only be able to join the pilot pathway during pregnancy. Any referrals postnatally will be directed to the standard commissioned services as set out in section 2.3

Service provision

The project will provide specialist weight management and dietetic support to pregnant women that meet the referral criteria. The offer will include 6 sessions of specialist weight management support which will be delivered in a variety of forms such as face to face, video consultations or group sessions. The sessions will be spread across the antenatal and postnatal journey to provide support that is adapted to each stage of pregnancy, for example:

- Antenatal (3 sessions) – 1 session in each trimester of pregnancy that will provide pregnancy-friendly nutrition and activity advice. The focus will be on, not losing weight, but support to ensure that a woman gains weight within the recommended parameters during pregnancy. It is recognized that changing diet and increasing activity may still incur some weight loss and this will be monitored as part of the process.
- Postnatal (3 sessions) – sessions will be offered to mothers from 6-8 weeks following routine postnatal check from their GP. The offer will aim to support post-pregnancy weight loss that is adapted to suit each woman’s post-pregnancy journey i.e increased calories for breastfeeding mothers or c-section friendly activities.

**Should the project be successful a full pathway will be developed*

In addition, there will be provision for weekly drop-in sessions, run by a specialist adult weight management practitioner, which women can access up to 6 months postnatally for further nutritional and physical activity advice. Drop-in centres will be conveniently located across the wider Salford footprint and will work in conjunction with family hubs, Salford City Leisure and health visiting services.

Due to the bespoke nature of the pathway, it is not possible for Dads/partners to join directly however, we will work with MoreLife to support Dads/partners to access the standard adult weight management pathway (as described in section 2.3).

The pilot will work in conjunction with Salford City Leisure's (SCL) active lifestyle scheme <https://salfordcommunityleisure.co.uk/be-active/active-lifestyles/> which provides a range of physical activity programmes to Salford residents that have BMI $\geq 25\text{kg/m}^2$. Staff from SCL have also agreed to support this bid by offering tours of the SCL facilities and available classes for expectant/new mothers as part of the Friday drop-in clinics. Details of the current classes available to Salford pregnant women have been provided in appendix 1.

Should the innovation bid be successful there may be some changes made to the above proposal based on feedback from service user representatives in addition to the work already done with MVP as we recognise the importance of listening to parents/carers and families within Salford and involving service user voice in service design.

2.2 Background

Data from across England suggests that 46% of women start pregnancy a healthy weight (defined as Body Mass Index [BMI] 18.5 to 24.9). Approximately 28% of women are categorised as overweight (BMI ≥ 25) and 22% of women are categorised as obese (BMI ≥ 30) at the start of pregnancy. In the financial year 2021/2022 there were 3,592 pregnant women in Salford with 689 of these women being recorded as having a BMI ≥ 30 , this equates to approximately 19% of all pregnant women in Salford that start pregnancy as obese.

Pre-pregnancy overweight and obesity is associated with numerous health risks for both women and babies. For women, this includes an increased risk of:

- miscarriage,
- gestational diabetes,
- pre-eclampsia,
- thromboembolism,
- gestational hypertension,
- instrumental and caesarean birth,
- surgical site infection.

Women who are living with obesity when they become pregnant also have poorer perinatal mental health compared to their healthier weight counterparts. For the baby, risks include preterm birth, small-for-gestational-age, large-for gestational-age, foetal defects, congenital anomalies and perinatal death. For women with class 2 (BMI ≥ 35) or class 3 (BMI ≥ 40) obesity some of these risks are even greater. These adverse outcomes may result in longer duration of hospital stay and consequently higher healthcare costs.

Maternal obesity is also associated with demographic health inequalities. For example, women from black ethnic groups and women living in deprived communities are more likely to enter pregnancy with a BMI above that for healthy weight.

The 2018/19 annual clinical report published by the National Maternity and Perinatal Audit (NMPA) highlighted that for the first time, more than half (50.4%) of women in England and Scotland who have a recorded BMI at booking were overweight or obese, this is up from the 2015/16 audit which was recorded at 47.3%. The recommendation from this audit is for maternity services, primary care and public health services to work together, with involvement of local service users, to ensure that there is appropriate provision to support weight management prior to, during and after pregnancy.¹

¹ [NMPA-Clinical-Report-2019.pdf \(hqjp.org.uk\)](#)

2.3 Current provision

Pregnant women in Salford can access the following weight management services:

Tier 2: Salford City Council -[Weight management • Salford City Council](#)

Salford City Council offer a Weigh Ahead course which focusses on supporting people to make small but sustainable changes to the way they eat. The course runs weekly over five modules with topics that cover:

- Food families
- Portion sizes
- Food labelling
- Fats and sugars
- Healthy recipes

Anyone, regardless of BMI, can access this service.

Tier 3: MoreLife -<https://www.more-life.co.uk/>

Morelife provide a specialist weight management service for adults with a BMI $\geq 35\text{kg/m}^2$ that have been referred into specialist tier 3 weight management service by a health care professional. The offer includes a 12-month virtual and face to face weight management programme which is delivered through a series of individual or group sessions, online videos, podcasts and other interactive resources produced by weight management professionals and psychologists.

As part of the agreed developments for this service MoreLife have recently developed a maternal obesity pathway called MUMS2B. This programme focusses on balanced health behaviours and the prevention of gestational diabetes. In line with the adult service the maternal offer is available to individuals with a BMI $> 35\text{kg/m}^2$ and includes:

- Access to a minimum of four (maximum of 6) 20-minute 1-2-1 phone consultations
- Choice of a variety of topics to suit personal needs.

Although, MoreLife offer this programme this does not fully meet the needs for Salford, for example:

- It does not match the NICE requirement of maternal BMI $\geq 30\text{kg/m}^2$
- Due to the significant increase in Salford Specialist Adult Weight Management Service (SAWMS) referrals (up by 139% over the past year) there is insufficient capacity to accommodate the additional maternal demand
- The MoreLife maternal offer has not been widely communicated and therefore does not give equity of referral access for Salford residents
- Currently MoreLife provision only accounts for 0.6% of the estimated pregnancies in Salford which equates to 3% of the expected cohort (based on 689 Salford pregnancies with raised BMI)
- Does not include a post-natal service

Table 2 provides a breakdown of pregnancy referrals received by MoreLife within the Salford locality between October 2020 to July 2022:

Table 2: MoreLife pregnancy referral data

Salford CCG Activity	Oct 20-Sep 21	Oct 21-Sep 22
Total referred	52	22

Proportion of referrals that accepted the intervention	16 (31%)	10 (45%)
Proportion of patients that accepted intervention that went on to receive at least 1 session	15 (94%)	9 (90%)
Proportion of patients that accepted intervention that went on to receive at least 3 sessions	12 (80%)	8 (89%)
Proportion of patients that accepted intervention that completed the course	2 (13%)	3 (33%)

2.4 Greater Manchester Integration Pilot

In October 2021, Salford City Council won a bid to deliver a GM Integration test pilot which has a focus on promoting healthy weight in Early Years (0-5 years old). The pilot will seek to work with new parents via a range of routes including maternity pathways to create a better understanding of the drivers for unhealthy weight. The pilot will also have a strong emphasis on co-production and engagement with minority ethnic communities to ensure that services are delivered in a culturally sensitive approach.

As part of the pilot, a review of the maternal weight management offer in Salford identified that the current service provision was not designed to appropriately support pregnant women, it was agreed that further work was required to improve the maternal weight management pathway to ensure that the offer is in-line with NHS guidance. This was the driving force for the development of this proposal.

2.5 Communication and engagement plan

If successful there will be a robust communications and engagement plan attached to this innovation project, provided by NHS Integrated Care to ensure it is well advertised within local communities. This will include engaging with professionals including midwives and GPs to ensure every opportunity to refer a woman to the service is maximized.

Project leads will work in partnership with the GM Integration pilots engagement plan to link with local Maternity Voice Partnerships (MVPs) to gather service user engagement to help shape the content of the service to ensure that service user needs are considered throughout the length of the project.

The project will also be adapted to take into consideration ethnic-minority communities, this will include translating resources to common languages in Salford and adapting the course to take into consideration religious beliefs.

An approximate breakdown of the planned communication and costs have been provided in the following table:

Table 3: approximate communication & engagement costs

Item	Approximate costs (£)
Targeted social media	900
£100 per pull up banner x 10	1,000
Translation of documents	2,000

Leaflet/poster design and printing	1,500
Community engagement (<i>including outreach work into hard-to-reach communities, consumable costs (room hire, tea/coffee)</i>)	1,500
Total	6,900

2.6 Evaluation

It is proposed that the evaluation of the pilot will be undertaken by The University of Salford as part of the wider GM integration pilot (see section 2.4 for further information). Due to the nature of the project, evaluation will be difficult within a 12-month period this is because a typical pregnancy lasts 9 months. It is predicted that completion of the full pathway will take approximately 54 weeks (40 weeks pregnancy (1 session in each trimester) + 6-8 weeks post-pregnancy (after the 6-8 postnatal check by a GP) + 6 weeks to deliver the postnatal offer (based on 1 session every 2 weeks) = 54 weeks), for this reason the preferred option would be to deliver over 18 months to allow opportunity for enough women to access and test the full pathway. This would also be more useful for both commissioning and public health to ascertain full impact of the pilot. Details of the costs have been provided section 17 (finance)

2.7 Evidence Base

As part of the project the scope of access for Tier 3 support will be widen from BMI \geq 35kg/m² (current Tier 3 offer) to BMI \geq 30kg/m² for all pregnant women in Salford, this will bring the offer in-line with [NICE guidance](#) for weight management before, during and after pregnancy [PH27] which states that women with a BMI \geq 30kg/m² or more at the booking appointment should be offered a referral to a dietitian or appropriately trained health professional for assessment and personalised advice on healthy eating and how to be physically active.

There is also the proposal to extend the project to include postnatal support to ensure that women can access services in a timely manner to help lose post-pregnancy weight. Evidence shows that by providing postnatal support could have a longer-term impact on reducing childhood obesity across the Salford district. This has been evidenced in a study of Interpregnancy weight gain and childhood obesity that took place in Hampshire between August 2004 and August 2014. This study concluded that children of mothers within the normal weight range in their first pregnancy who started their second pregnancy with a considerably higher weight were more likely to have obesity at 4–5 years. The recommendations from the study suggested that supporting pregnant women who return to pre-pregnancy weight and limit weight gain between pregnancies may achieve better long-term maternal and offspring outcomes².

For the purpose of the antenatal support, there are no formal, evidence-based guidelines from the UK government or professional bodies on what constitutes appropriate weight gain during pregnancy, but as per the US Institute of Medicine guidelines (Rasmussen and Yaktine 2009) obese women are expected to gain 5–9 kg (11–20 pounds) in pregnancy. This measurement will be used as a baseline for monitoring the success of the antenatal pathway.

2.8 Professional engagement and endorsement

The following professional cohorts have reviewed and endorsed this innovation proposal:

- Steven Gavin – Public Health Strategic Manager – Start Well, Public Health Team Salford City Council

² <https://www.nature.com/articles/s41366-021-00979-z>

- Dr Wan-Ley Yeung – GP and Clinical Lead for Children and Young People for the GM Integrated Care Board – Salford Locality
- Maternity Voices Partnership
- Catherine Owens – Head of Midwifery, Warrington Hospital
- Heather Rawlinson – Maternity Clinical Project Manager and Dr Sameh Mahmoud, Consultant Obstetrician and Gynaecologist on behalf of Louise Tucker – Head of Midwifery, Royal Bolton Hospital
- Bev O’Connor – Head of Midwifery for Saint Mary’s Oxford Road Campus, Saint Mary’s Managed Clinical Service, Manchester Foundation Trust
- Esme Booth – Head of Midwifery for North Manchester Hospital, Saint Mary’s Managed Clinical Service, Manchester Foundation Trust
- Sarah Owen – Head of Midwifery for Wythenshawe Hospital, Saint Mary’s Managed Clinical Service, Manchester Foundation Trust
- Kathy Murphy – Director of Nursing and Midwifery, Saint Mary’s Managed Clinical Service, Manchester Foundation Trust
- Jen Sager – Associate Head of Midwifery for Quality and Safety across Saint Mary’s Managed Clinical Service, Manchester Foundation Trust sites,
- Caroline Finch – Registered Midwife, MSc Advanced Practice (Health and Social Care) Programme Development Lead - Patient Safety Collaborative, Health Innovation Manchester
- Children’s & Young People’s Commissioning Committee – Salford Locality
- Michelle Ward – Assistant Director of Allied Health Professionals and Nursing Childrens Services, Northern Care Alliance (NCA) NHS Foundation Trust (Lead for Salford’s Health Visiting services)
- Su Chari – Obstetrician

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.

Objective 1:	More Life to work with partners to achieve an average above 35 referrals per month onto new maternity healthy weight pathway.
Objective 2:	90% of pregnant ladies referred and accepted will be offered appointment to be seen within 14 days of referral.
Objective 3:	Referrals will be received from all maternity providers for Salford women
Objective 4:	90% of pregnant women referred and engaged in the programme will maintain weight within normal expected increases during pregnancy
Objective 5:	50% of women that are referred and engaged during pregnancy will continue to engage in programme following delivery of their baby.
Objective 6:	In circumstances where a woman decides she does not want to continue with the programme, MoreLife will deliver exit interviews/survey to gather intelligence around why women disengage with the service. This intelligence will be reviewed throughout the

course of the project to make improvements *(women who experience a miscarriage, stillbirth or premature delivery will not be required to undertake an exit interview)*

Comments:

The project will aim to:

- Improve referral rates by making the service more accessible
- Help women to achieve a normal healthy weight gain during pregnancy when dieting and weight loss is not recommended
- Support women to engage with appropriate activity and healthy diets during and after pregnancy tailored to the diverse populations within Salford
- Reduce long term conditions associated with increased weight and support access to local healthy activities and improve mental health and wellbeing
- Develop an improved service offer for this specialized group with a new accessible programme designed specifically for women during and after pregnancy
- Improve outcomes for babies, children, and young people by reducing obesity and associated long term conditions

The project will provide opportunity to develop the programme with a model that can be cascaded within other localities across GM.

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?
Pregnant population	Provision of specialised weight management support during pregnancy and in the postnatal period which is supported/recommended by maternity health professionals focusing the messages on positive improvements for mum and Baby through healthy eating and activity
BAME	This provision will provide culturally relevant guidance for a population that is recognized to have poorer health outcomes during pregnancy
Children	The longer-term benefits for the families and children by reducing long term conditions and linking to healthy accessible activities.

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

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

A similar project called 'Happy Mum Healthy Bump' was trialed in Wigan and Leigh in 2012 and was led by Aintree University Hospital NHS Foundation Trust. The main aim of the project was to support obese ladies to manage their weight through pregnancy, not through advocating weight loss but by providing support to minimise excessive gestational weight gain (GWG).

The project concluded that more research is need in the UK to establish GWG targets as it was proven that patients who had a GWG had improved weight loss outcomes. It was also recommended that allowing women to access weight management support during pregnancy, regardless of BMI, could reduce fewer women entering future pregnancies with a higher BMI which will improve outcomes such as reduce gestational diabetes and requirement for c-sections.

Comments:

This project has considered the recommendations from the 'Happy Mum Healthy Bump' project and have included the proposed gestational weight gain target of 5-9kg as suggested in the US Institute of Medicine guidelines. There will also be a postnatal weight management offer to help weight loss after pregnancy, which will in turn reduce the number of future pregnancies starting with a raised BMI as described in section 2.7.

7) PLEASE EXPLAIN HOW THIS PROPOSAL IS "INNOVATIVE"

The proposed pathway would help to further strengthen existing relationships between maternity providers who share the care of Salford women. It would also improve relationships with health improvement services whilst addressing misconceptions around weight management during and following pregnancy which midwives support as a real innovation in the sector in order to modernise and transform maternity and postnatal services going forwards.

As mentioned elsewhere in this application the new pathway will be evidence-based and will also build on the Ockendon maternity service review findings including continuity of care, quality, governance, staff leadership and training.

<https://www.gov.uk/government/publications/final-report-of-the-ockenden-review/ockenden-review-summary-of-findings-conclusions-and-essential-actions#our-findings-following-the-review-of-family-cases>

The course will be flexible and is adapted to the women's needs during pregnancy. That is, not focusing on losing weight but maintaining weight throughout the pregnancy in addition to bespoke support for breastfeeding mothers and those recovering following delivery by caesarean section when planning post-natal activities.

There is currently no established pathway for both pre- and postnatal access to weight management services across Greater Manchester at this time. There is a very limited antenatal pathway (MUMS2B), but it is not well engaged with. Group sessions have been

general groups so not providing the specialized guidance which is thought to be limiting uptake of mothers in pregnancy

We believe this innovative pathway will support a seamless transition from pre- to post-pregnancy for all mums wishing to access the service within Salford. This integrated approach using a bespoke comms plan and comprising local services such as Salford City Leisure, community hubs, health visitors and so forth will ensure a high service take up by mothers as well as high retention levels throughout their pathway journey.

The development would also consider the increasing ethnic diversity within the borough with appropriate stakeholder engagement and promotional/marketing literature developed to maximise local engagement whilst incorporating various cultural needs such as diet, religion and so forth.

Mothers throughout the pathway will also be proactively signposted to other relevant service offerings within the community rather than waiting until they reached certain access criteria (e.g., BMI levels) in order to facilitate appropriate engagement earlier to facilitate maximum opportunities for themselves and their families.

[Form Continues on Next Page](#)

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 checked="" type="checkbox"/>	Workforce Transformation
<input 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.

NONE / OTHER	<input type="checkbox"/>	<i>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</i>
---------------------	--------------------------	--

9) WHICH OF OUR CORE INNOVATION PRINCIPLE/s DOES YOUR PROPOSAL EVIDENCE?

(Please tick all that apply)

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

Form Continues on Next Page

SECTION THREE: PROJECT DELIVERY

10) KEY PROJECT TIMESCALES

(What is expected to happen, when?)

Month 1	<ul style="list-style-type: none"> • Maternity pathway developed and agreed with all maternity providers <i>(including having had input from Maternity Voices Partnership and service users)</i> • Develop pathway support materials • Develop measurement tools • Advertise for staff • Develop communications • Agree reporting and governance arrangements
3 months:	<ul style="list-style-type: none"> • Staff in post • Continue to promote the service to referrers and stakeholders • Antenatal service starts • Develop postnatal offer and take in consideration inclusion of a whole family approach • Governance and reporting requirements in place
6 months:	<ul style="list-style-type: none"> • Antenatal service fully embedded into maternity pathway • Postnatal service provision agreed and commenced • Six-month report for innovation
9 months:	<ul style="list-style-type: none"> • Reporting and governance continue
12 months:	<ul style="list-style-type: none"> • Reporting and governance continue • 12-month report for Innovation
18 months (if agreed):	<ul style="list-style-type: none"> • Reporting and governance continue • 18-month report for Innovation

11) HOW IS THE PROJECT GOING TO BE MANAGED?

MoreLife will be responsible for the day-to-day operationalization of the project. We intend to establish a Project Management Group comprising Salford Locality Maternity and Scheduled Care (Weight Management) representatives, MoreLife Manager, and other stakeholders as appropriate. The project management group will oversee the implementation of the project and its ongoing performance and compliance with objectives and innovation bid requirements.

12) HOW WILL YOU MEASURE AND EVALUATE YOUR PROJECT?

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

- Yes The proposal is to link the evaluation with the GM integration pilot who have commissioned the University of Salford as the evaluation partners.
- No

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

The University of Salford

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

Salford University will add the evaluation of this project to the existing work which they are commissioned to be doing (as it relates in part to that).

Suggestion that the University will therefore evaluate this project in the following ways:

Using data forms designed to capture data which are completed by MoreLife **pre and posttest measures** to establish OUTCOMES such as

- sustained behavioural change (for the next pregnancy)
- impact on the whole family of awareness and understanding of healthy lifestyles related to parent/carer and baby/child;
- implementation of knowledge and use of resources for providing a healthier diet;
- and actual time spent in physical activity per week.

With a sub-sample of families, investigate the perceived reasons for change, including the essential CONTEXT for this and key factors (individuals, resources, information) that made change possible and sustainable.

We will pursue this further in the locality with a mobile research laboratory, providing a raft of means to answer the same questions in person (talking head video; informal, brief 1:1 or small group interview; completion of a questionnaire). This strategy will promote co-production of findings with families.

Salford University will work with MoreLife to gather the following data

- 1) Service User feedback from their experience of the service,
- 2) Staff feedback from maternity service staff in particular in relation to their experience of the service (including in relation to referring to service)
- 3) Gathering comments from any 0-19 staff who had contact with women/birthing people who were part of the pilot (as to their views about the service)
- 4) Numbers eligible for the pilot (obtained from maternity provider data analysts),
- 5) Numbers referred
- 6) Numbers who took up the offer
- 7) Numbers who completed the support (each part of the offer)

This list is not exhaustive and can be amended as the project progresses.

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.

If successful, the project would necessitate a change in the current care pathway.

The current care pathway requires an initial patient assessment, followed by nurse triage and (up to) 6 x 20-minute online sessions with pre-natal specific content designed to support clients making healthy lifestyle changes during pregnancy.

The existing care pathway supports a small cohort of pregnant women that are regularly referred through to the Tier 3 service via midwives and GP's. Whilst this support is beneficial and highly regarded by participants there remains limited capacity within the Tier 3 service to support pregnant women within the locality.

This is because the Tier 3 service was not explicitly commissioned to provide post-natal specific advice to new parents around weight-loss, healthy eating, and physical activity.

The proposed solution would entail providing evidence-based MoreLife-branded content for both pre-, and post-natal support. This tailored content has been produced in conjunction with Leeds Beckett University and is underpinned by the latest research and guidance in this area.

Effectively delivering this innovative service element this would necessitate the recruitment and training of a Pre/Post-natal Practitioner specifically to deliver the desired increased volume of referrals for Salford residents.

Further, this service would also link with relevant community hubs and venues to offer face-to-face interaction at pre-agreed locations across the community on an ongoing basis to facilitate access and (patient) choice requirements in addition to available online sessions.

All interactions and sessions would be supported with targeted comms and marketing literature and emails to ensure maximum utilisation of available services across the Salford locality.

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"/>	System service	Improves system efficiency . Unlikely to have direct and measurable individual patient outcomes.	Back-office systems, electronic prescribing, health record platforms, Ward management systems.
<input type="checkbox"/>	Inform	Provides information and resources 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"/>	Health Diaries	Allows users to record health parameters to create health diaries. This information is not shared with or sent to others.	Health tracking information such as from fitness wearables. Symptom or mood diaries. No data transmitted.
<input type="checkbox"/>	Communicate	Allows 2-way communication 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"/>	Preventative behaviour change	Designed to improve health behaviours 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"/>	Self-manage	Aims to help people with a diagnosed condition to manage their health . 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"/>	Treat	Provides treatment for a diagnosed condition (such as CBT for anxiety), or guides treatment 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 checked="" type="checkbox"/>	Active Monitoring	Automatically records information and transmits the data 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"/>	Calculate	Tools that perform clinical calculations 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"/>	Diagnose	Uses data to diagnose a condition in a patient, or to guide a diagnostic decision made by a healthcare professional.	DHTs that diagnose specified clinical conditions using clinical data. AI systems making diagnostic or triage decisions.

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?

The following risks have been identified:

Risk	Description	How to mitigate
------	-------------	-----------------



Recruitment	Failure to recruit to the posts will impact on the overall delivery of the project.	MoreLife have confirmed that they will advertise the post with immediate effect following confirmation of funds. They have also committed to supporting the delivery of the project in the interim utilising the team of Practitioners who are already employed by MoreLife should there be a delay in recruitment.
Evaluation limitations	12 months funding could impact the parameters of the evaluation.	Although 12 months funding will mean limitations to the overall evaluation the project can be adapted to ensure that as much work is done within the timeframes that are agreed.
Higher referral rate than anticipated	Referrals and uptake exceed the predicted uptake of 40%	If referrals exceed expectation, then support can be utilized from the existing commissioned service, although this offer of support maybe in a different format.
Lack of midwifery engagement	Success of the pilot will be reliant on midwifery staff referring into the project. As Salford does not have its own midwifery providers there is a risk that there is the lack of professional engagement to refer into the scheme.	Engage with all local midwifery teams (Manchester, Bolton, and Warrington) from project inception to ensure that the model is designed and midwifery engagement to have buy in from the start of the project.
Lack of engagement	Lack of engagement from the public which results in low uptake of the scheme.	The project includes a communication budget which will utilize specialist specialist support from locality communication team to ensure that advertisement opportunities are maximized and appropriate for the local population.

[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

£xxx

The proposal is to commission MoreLife who are the current tier 3 weight management provider to deliver the project. They will recruit 1.5 WTE specialist adult weight management practitioners who will work within the project parameters to deliver the specific requirements set out within this bid.

As alluded to in the proposed plan, the preference would be to deliver this project over 18 months to allow appropriate time for evaluation of the bid although we understand that this may not be approved as it is not within the parameters of the innovation bid terms of conditions. For this purpose, an option A and option B have been provided below for consideration.

Option A:

Table 2 sets out the required finances to fund the project for 12 months inclusive of VAT:

Item	Cost (£)
1.5 Adult Weight-Management Practitioner	39,600.00
25% Salary Contribution	9,900.00
25% Management Fee	9,900.00
Clinical supervision / MDT costs	8,400.00
Communication & Engagement (<i>breakdown in section 2.1</i>)	6,900.00
Total	74,700.00

This option will generate an additional 2,310 annual appointments which, based on 6 appointments per woman, could potentially offer additional weight management support capacity to 385 pregnant ladies per year.

Option B:

Table 3 sets out the required finances to fund the project for 18 months

Item	Cost (£)
1.5 Adult Weight-Management Practitioner	59,400.00
25% Salary Contribution	14,850.00
25% Management Fee	14,850.00
Clinical supervision / MDT costs	12,600.00
Communication & Engagement (<i>breakdown in section 2.1</i>)	6,900.00
Total	108,600.00

Option B will generate an additional 3,465 annual appointments which, based on 6 appointments per woman, could potentially offer additional weight management support capacity to 578 pregnant ladies over the course of the project.

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

Due to the nature of the funds being primarily for staff costs, if successful the preference would be to have the full funds up front.

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.

A breakdown of the requested funding has been included in section 17. All requested funds include VAT.

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

A study undertaken by Swansea University found that pregnant women who are obese can cost the NHS over a third more than women of healthy weight³. The research found costs to the NHS per pregnancy were 23% higher for overweight women (classed as having a BMI of 24.9 to 30) and 37% higher for those classed as obese (a BMI of over 30). The additional costs to the NHS across the UK are predicted to be anywhere between £105m and £286m per annum. In addition, other evidence shows that maternal obesity is often associated with poorer health in children, which in turn creates extra cost

The success of this project could have the potential for a huge return on investment across the Salford NHS footprint. As per the College of medicine, it is predicted that the average cost of treating an obese pregnant woman was £4,718 compared to £3,546 for one who was not overweight. This creates the potential of a £1,172 saving for each lady that the project supports to lose weight who then has a subsequent pregnancy.

If the pilot is a success, there is also the potential of other costs saving associated to the reduction in diabetes and other health complications linked to obesity.

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?

By building on the existing pilot in GM which is looking at barriers to women accessing weight management support through pregnancy and beyond it will support improved uptake and outcomes. By incorporating the work into the family hub's, it provides a more visible and accessible resource. The improved relationships with maternity providers and the weight management provider will support pregnant women to access support in a critical time which adds dual benefit to mum and baby. The pathway developed will be transferrable across GM providing more equitable access during pregnancy which is a gap across GM.

If successful there will need to be a business case to support the continuation within the existing Tier 3 weight management provision contract. This will enable the provider to

³ <https://www-2018.swansea.ac.uk/press-office/news-archive/2014/obesityinpregnancyincreasesnhscostsby37.php>

ensure the programme is supported with the expertise needed but also to adapt the developed pathways to improve accessibility and reduce inequalities.

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:

- Pregnancy related information
- BMI
- Height

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

A) Do you have an up-to-date Equal Opportunities (or equivalent) Policy in place?

- Yes
- No

B) Have you been involved in any Equality Act 2010 litigation breaches in the last 3 years?

- | | |
|--|---|
| <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?

The project provider ensures compliance with the Equality Act 2010 via their Equality and Diversity Policy which was produced as part of the procurement documentation when the general adult service started in October 2019. This requirement is monitored and formally reported as part of the mandatory contract monitoring process.

This project will contribute towards tackling and improving maternal and infant health, the benefits of which have been previously described in other sections of this innovation bid.

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

The project will employ local people and support communities to access other local activities/groups and green spaces. The project will Improve health outcomes for local people will build healthier communities.

The project aims to tackle inequality and improving wellbeing. The project is working together across LA, Health and volunteer sectors to provide Ladies with the best opportunities to succeed in achieving and maintaining a healthy weight in the long term.

[Form Continues on Next Page](#)





SECTION SEVEN: OPERATIONAL DETAILS

25) REGISTERED DETAILS OF BIDDING ORGANISATION/s

Name of Organisation	Registered Address	Organisation Type
Greater Manchester Integrated Care – Salford Locality	Unity House Chorley Road, Swinton, Manchester, M27 5AW	NHS
MoreLife	Churchwood House, Leeds Beckett University, Leeds, LS6 3QJ	Private sector

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

All funds will be paid to MoreLife except for the communication budget which will be made available to the Greater Manchester Integrated Care Communication Team (Salford).

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

(Please complete all sections)

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

Name	Wendy Hodgson
Job Title	Senior Service Improvement Manager
Organisation	NHS Greater Manchester Integrated Care
Email Address	wendy.hodgson2@nhs.net
Telephone Number	N/A

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

Name	Corrine Bolland
Job Title	Contract Manager
Organisation	MoreLife
Email Address	corinne.bolland@more-life.co.uk
Telephone Number	07449 552 295

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 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 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 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

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 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:





All of the data you provide will be treated in accordance with the General Data Protection Regulations 2018 and will be stored securely. You may unsubscribe at any time by contacting innovation.salfordccg@nhs.net





Appendix 1:

PARENT FRIENDLY CLASSES

at **Salford Community Leisure**

Whether you're a new mum or a mum-to-be, stay active & healthy in a friendly and supportive environment with our parent friendly classes.

Aqua Natal

Child friendly circuits

Child friendly spinning

BENEFITS OF EXERCISE DURING PREGNANCY:

Reduce backaches, constipation, bloating and swelling.

Boost your mood & energy levels.

Help you sleep better.

Prevent excess weight gain.

Promote muscle tone, strength and endurance.



SCAN TO BOOK OR FOR MORE INFO...

