



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>	Indi Singh, Chief Executive, MyHelp Ltd
CONTACT NUMBER	07973 387 925
EMAIL ADDRESS	Indi@myhelp.co.uk
SUBMITTING ORGANISATION	MyHelp Ltd
PARTNER ORGANISATION(S) <i>(if a joint bid)</i>	
DATE SUBMITTED	30/8/22

<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

Increasing access to mental health support services for Salford residents

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?

Problem

There is a high prevalence of poor mental health with Mental Health Taskforce reporting 1 in 4 people experiencing a common mental ill health problem and costing the UK economy an estimated £105 billion per year. The situation has been exacerbated with more mental health issues arising because of Covid. The significant demand on mental health services with limited service provision, results in individuals not receiving support on a timely basis. Further findings highlight that 75% of people with a mental health problem receive no support at all. The delayed, limited or no access of timely support may, to some degree, contribute to the unfortunate increase in suicide as reported by the Samaritans.

The Five Year Forward View for Mental Health outlines plans for improving mental health services and increasing access. According to the NHS Long-Term plan improvements in mental health services will be achieved with investment in expanding access to community-based services.

However, Six Degrees a community-based social enterprise in Salford has been providing commissioned step 2 IAPT services for over 10 years. The recent Covid pandemic saw a major shift in how services were delivered, overnight a service that primarily offered support face to face went to working remotely. The pandemic lasted much longer than expected and while there is a current move to 'return to normal' Six Degrees is in a transition phase which includes several challenges including designing a 'new normal' for service delivery that can meet the needs of the community it serves and the required IAPT performance targets. Some of the current challenges in this are:

- Increase in demand for services after covid with reduced and transient workforce
- Referrals into the service are currently waiting longer than the national 6 week target to receive any form of intervention
- Increase in types of therapy modalities offered by Six Degrees, such as e-therapy via Silvercloud, groups etc. that could be better utilized; current uptake is low (approx. 4-5% for Silvercloud, less for groups)
- High number of safeguarding and risk issues, and during covid, an increase in presenting complexity, which may, in part, be due to the delay in obtaining support.
- Patients often ambivalent or not engaged with support provided or taking responsibility of self-care resulting in reattendance and/or drop-out.
- Remote working during and after covid has impacted how Psychological Wellbeing Practitioners (PWPs) manage throughput and turnover of patients, which affects the effectiveness and efficiency of the service, remote working has also reduced the quality and consistency of data collection and review
- Longer wait-times have lead to avoidable use of public services including inappropriate GP appointments and A&E attendances

The Long-Term plan stipulates the need to expand access to digital services to enable more people to receive effective care and provide greater accessibility along with greater emphasis on prevention and self-management. MyHelp proposes a unique solution working with Six Degrees to tackle these issues:

Solution

MyHelp provides a solution that will support patients from the point of requesting help to a point of recovery, covering the whole patient journey whilst waiting for an initial assessment or engaging with PWPs and other services. When a patient is referred to Six Degrees they will be given access to the mobile app, MyHelp which will include a new triage system on behalf of Six Degrees.

Using MyHelp, patients will be triaged and then immediately be able to access intervention rather than wait over 6 weeks for an assessment. Patients will be offered the options of either using:

1. Silvercloud
2. Group
3. MyHelp self-care resources
4. Wait for PWP assessment

Depending upon the selection from the above, the MyHelp app will provide subsequent questionnaires to the patient and collect information to inform the triage process before providing access to the relevant option selected.

It is anticipated that the earlier use of the support options will reduce the reliance on PWP interventions generating additional capacity whilst also minimising those patients that develop into high-risk situations. However, for those patients requiring 1-to-1 intervention MyHelp provides guidance to PWPs whilst also developing an interactive personalised care app to enhance engagement and increase access to customised information.

Existing digital solutions try to meet everyone's needs using a 'menu' of services which do not always focus on the individual's specific problems. Using MyHelp, PWPs remain at the heart of the support allowing them to use their professional ability to identify individual needs and develop a structured programme of support.

The MyHelp platform comprises the following elements:

- Assessment – understanding patients underlying problems
- Safety plans – bespoke plans tailored to meet patient needs.
- Goals – agreeing the patient's aim of support.
- Homework – manageable tasks that facilitate in moving towards the goals.
- Resources – personalised information made available to assist with completing homework and achieving the goals.
- Measures/Monitors – measures and monitors customisable by patients to track an individual's performance.

For those requiring support reliance on a human practitioner can be imperative for positive outcomes to be achieved but does not exist with self-help apps. However, support can often be lost as a record of the support is not usually kept by the individual.

Hence, individuals do not have strategies to deal with their issues. MyHelp captures the learning provided by PWPs giving patients' a digitised personalised record along which can be updated by both PWPs and patients.

Rational/Evidence

This rationale for this project is to enable self-driven health care and mental wellbeing by providing a PWP, the person with knowledge to help the patient, with the tools to develop individualised plans, resources, measures and monitors that meet the specific needs of the patient. Once created the individual can manage their self-care in conjunction with their PWP. MyHelp provides the opportunity to develop safety plans to reduce the risk of suicide, self-harm or anything else specific for the individual to use as self-management and prevention at a point of crisis.

MyHelp has recently been awarded a small innovation voucher from Health Innovation Manchester to trial its platform with private therapists, there are three therapists currently involved with this project. Interim pilot reports have confirmed that the MyHelp app enhances patient engagement with therapists as the patients are utilising the MyHelp app.

MyHelp has been adopted by Rest Easy, a well-being and mental health methodology provider to children and young people within schools. The use of Rest Easy by a child as self-care whilst waiting for a referral to CAMHs services resulted in the appointment subsequently not being required and consequently being cancelled.

Delivery Plan

Month 1 – Information Gathering - Undertake initial engagement activities and information gathering with Six Degree IAPT managers, PWPs and patient representatives to highlight the functionality of MyHelp and understanding the use case within existing pathways through a remote workshop.

Month 1

Planning - MyHelp Directors will agree the objectives of the pilot with the Six Degree lead through a remote meeting. The Directors will delegate duties and responsibilities amongst the MyHelp team whilst maintaining overall management of the project. A Gantt chart will be modified as required from the information stage and then used as a benchmark to measure progress.

Scoping - Agreement of how the MyHelp platform can be customised for Six Degrees including the provision of a triage system.

Governance - Consideration of the impact of information governance of the proposed trial along with any other ethical or organisational guidance including appropriate consent from patients to be involved in the pilot.

Benefit Realisation – agreement with Six Degree and patient representatives the potential benefits that are anticipated from the trial of the MyHelp solution to support the evaluation process.

Month 2

Execution - The Directors will oversee appropriate staff and resources are made available and undertaking their respective roles to execute the work identified within the scoping and planning stage and following the activities as outlined in the Gantt chart including undertaking appropriate customisation of the MyHelp platform for the services and identifying any required modifications. Issues identified during execution will be reviewed by the Directors and rectifying strategies identified, where necessary agreed with Six Degree lead.

Month 3

Engagement – MyHelp will engage with Six Degree staff involved in the pilot and patients through remote workshops and/or telephone providing appropriate training of the proposed MyHelp solution and access to the platform. Support will be available to resolve any issues or matters that arise.

Month 1-6

Monitor and Control - The Gantt chart will be used to measure the progress of the project and closely monitor progress during internal and external meetings. Any required changes or diversions from the Gantt chart will be discussed with Test Bed Lead.

A risk register will be maintained to ensure that potential risks are identified and managed with appropriate mitigation actions. Any issues that cannot be resolved by MyHelp then the lead will be notified immediately, and a suitable plan would collaboratively be agreed.

Month 6-12

Evaluation – Dr Michael Townend of University of Derby will conduct an evaluation of using MyHelp within this pilot as outlined below.

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:	A minimum of 200 patients to log on to the MyHelp app and utilise the triage service within the 12-month pilot.
Objective 2:	Achievement of 6 week waiting time to receive some support for at least 60% of patients included within the pilot within the 12-month pilot.
Objective 3:	A proportional 10% increase in the number of patients using Silvercloud within the 12-month pilot. Currently approximately 4% of patients utilise Silvercloud
Objective 4:	A proportional 5% increase in the number of patients using group sessions within the 12-month pilot.
Objective 5:	At least 50% of patients included within the pilot being at least satisfied with the self help resources provided within the 12-month pilot.

Comments:

The project will provide additional benefits including enhanced engagement by patients. Potential to reduce number of safe guarding and risk cases.

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?
A minimum of 200 Patients suffering with common mental health problems	<p>Accessing some form of support sooner than the current waiting times.</p> <p>Once support is accessed having the option to use MyHelp technology to help 'take the therapy/support' with the patient during their day-to-day life in the form of the app.</p> <p>Self-help, CBT and other therapy interventions often require a certain level of motivation; therapy readiness and engagement from the patient. Understandably quite a number of people referred to talking therapies are ambivalent about therapy; the app provides a further method of helping with engagement, whereby a patient can get a taster of therapy early in their journey and consider options, what may be best fit for them and their needs.</p> <p>The Myhelp app gives patients real-time view of their difficulties, progress and goals without having to refer back to handouts, emails or remember discussion with a therapist.</p> <p>MyHelp works alongside interventions, rather than instead of or as an alternative, so while the app may enhance an experience, those without access to technology (whether through digital poverty, lack confidence or knowledge etc.) are not disadvantaged and can be offered the same/similar interventions and support.</p> <p>With many apps for intervention a certain level of literacy is required to effectively use the app: however, MyHelp is not</p>

	an intervention app and can be customized in terms of wording, resources etc. It complements the therapy work and elements could be tailored to meet certain needs for example those that find pictures more enabling to communicate – this can be incorporated.
High risk and/or complex individuals included within the above cohort of patients	<p>While Six Degrees, does not provide crisis or support for severe or enduring mental health problems, it is recognised that a proportion of the population of Salford with common mental health problems also have presenting risk factors and/or additional complexity including safeguarding needs. Within the remit of the service, the pilot potentially means:</p> <ul style="list-style-type: none"> • These needs are identified sooner in the patient’s journey to get the person to the right service • Getting support in place sooner may reduce escalation in risk/safeguarding/complexity

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

Comments:

MyHelp’s versatility allows it to be used or modified to support well-being and mental health in different organisations in a variety of manners. The specific approach outlined within this application has not been implemented before. However, having developed its minimum viable product (MVP), MyHelp is currently either undertaking pilots or applying for the opportunity to trial the product within other various real-world settings.

These can be NHS organisations, charities, councils, third sector, private organisations, or individuals. Furthermore, the MyHelp platform can be utilised by different types of practitioners including but not limited to therapists, nurses, social workers, and support workers.

MyHelp has recently been awarded a small innovation voucher from Health Innovation Manchester to trial its platform with private therapists, there are five therapists currently involved with this project. Successful completion will lead on to a larger voucher to trial with a bigger cohort of therapists.

MyHelp has been adopted by Rest Easy, a well-being and mental health methodology provider to children and young people within schools. It has been utilised by their care workers within 1-to-1 work with young people and children.

Beating the Blues is an online CBT course provider, having provided its services to the NHS for the last 15 year, it is expanding its offering with the adaption of the MyHelp platform within its digital offering.

MyHelp is currently in discussions with:

- Pneuma, based in Northern Ireland for the use of its platform with Psychological Wellbeing Care workers - PWPs – who provide online and remote support to IAPT step 2 service users
- A group of hypnotherapists are keen to enhance their digital services with the use of a modified version of MyHelp.

Finally, discussions are currently ongoing for collaboration along with discussions with Anxiety UK, a national mental health charity and Scottish Association of Mental Health.

7) PLEASE EXPLAIN HOW THIS PROPOSAL IS “INNOVATIVE”

The population of Salford is able to utilise Six Degrees support for step 2 IAPT services along with access to Silvercloud. However, both these services are stand alone and not integrated. Triage is undertaken as part of the assessment which can often be in excess of 6 weeks from the point of the original referral.

MyHelp is innovative for several reasons:

1) It is a digital mental health platform that provides a versatile technological infrastructure that can be modified for organisations to be incorporated into different ways of working to meet specific organisational objectives rather than be a fixed option to provide a digital solution.

2) MyHelp presents a triage solution that is much earlier in the pathway providing patients access to mental health support and resources earlier.

2) It provides a 'one stop shop' bringing together different elements of the support required by an individual. Consequently, it provides the opportunity to offer different options to patients whilst bringing together different agencies providing care and engaging with the individual and aligning to their needs.

3) It enables self-driven health care and mental wellbeing by providing practitioners, the people with knowledge to help residents, with the tools to develop individualised plans, resources, measures and monitors that meet the specific needs of the residents. MyHelp has a solution to a problem that has not been resolved yet as stated by the Digital Lead of BABCP, that of the ability for a practitioner to create a resource that can be personalised and be updated digitally in a user-friendly manner.

4) It is fully integrated with 1-to-1 intervention with practitioners that can provide the basis for a personalised self-help app for self-care. Self-help apps such as Silvercloud are often provided to individuals in isolation of practitioners, MyHelp provides the autonomy for self-care but the input of professionals where required.

5) It is available as a web-based platform for practitioners and patients integrated with a personalised mobile app for patients.



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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 checked="" type="checkbox"/>	Neighbourhood based care
<input type="checkbox"/>	Safer Salford Care Homes and Domiciliary Care
<input 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

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

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

(Please tick all that apply)

<input checked="" type="checkbox"/>	Exploiting the use of Technology and Digital Innovation
<input 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 type="checkbox"/>	Addressing Health Inequalities and Wider Determinants of Health
<input checked="" type="checkbox"/>	Improving the Environmental Sustainability of care

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SECTION THREE: PROJECT DELIVERY

10) KEY PROJECT TIMESCALES

(What is expected to happen, when?)

Month 1	Initiation – information gathering, scoping and agreement of project with Six Degrees including recruitment of staff to the pilot
3 months:	Completion of modifications and commencement of pilot with Six Degrees and MyHelp
6 months:	Interim report of pilot identifying any issues and proposing suggestions for remedial action. Consideration of subsequent funding options.
9 months:	Confirmation that engagement and level of activity is inline with project objectives. Application for subsequent funding.
12 months:	Completion of Evaluation Report

11) HOW IS THE PROJECT GOING TO BE MANAGED?

The co-founders and Directors Kirren and Indi will manage the day to day activities of the project, spending sufficient time to ensure it is successfully completed within the 12 months project period. They will be supported by two experienced teams in delivering the innovation who are currently working with MyHelp, the Management Advisors and the Development Team.

Kirren is a BABCP accredited Cognitive Behavioural Therapist (CBT) with ten years of experience working within the mental health field, having experience of providing CBT both face to face and remotely. Having worked for a number of CBT providers she has a breadth of experience delivering CBT interventions to both adults and children. She has a keen interest in utilising technology to improve the therapeutic relationship and achieve improved patient outcomes. Special interests include PTSD, depression, and general anxiety disorder. Working full time on MyHelp Kirren is able to dedicate 1-2 days per week on this project.

Indi is a successful commercial Chartered Accountant with varied financial experience from both national and SME organisations having originally qualified with PwC. Solid foundation in financial control, planning, analysis, efficiencies, and corporate finance with ability to add value through income growth and cost reduction. Currently working with the NHS for an AHSN, Indi has worked with SMEs helping spread and adoption. As Assistant Director of Finance in Manchester PCT, Indi was responsible for delivering transformation and change programmes. Indi is able to spend 0.5-1 day per week on this project.

The co-founders will manage the project, following a five-step project management process as advocated by the Project Management Institute to ensure the milestones are achieved. The MyHelp team will adopt a policy of open communication with all stakeholders to manage process and utilise tools such as Ayoa.com for managing progress.

The proposal outlined within this application referring to milestones, deliverables will be included in a Gantt chart along with the maintenance of a risk register. The Gantt chart will be used to measure the progress of the project and monitor progress during internal and

external meetings. Any required changes or diversions from the Gantt chart will be discussed with Six Degrees Lead.

The co-founders will review the Gantt chart and along with a MyHelp project manager develop daily tasks to be allocated to the team. These will be discussed in an internal MyHelp daily stand-up call to confirm progression or discuss any barriers. For the latter, options for overcoming barriers will be considered and if necessary, discussed with Six Degrees. An internal weekly progress meeting will be conducted by the MyHelp team reviewing progress against the Gantt chart.

It would be anticipated that formal review meetings with Six Degrees will be undertaken monthly with the production of a formal six-month update report and a final 12 month report.

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?

Dr Michael Townend of University of Derby will conduct an evaluation of using MyHelp within the Salford area as part of this pilot.

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

How you will measure and demonstrate impact

- *How you will evaluate what works, and what doesn't*

The Key Objectives set in section 3 of this application will provide a benchmark against which to establish whether the use of the MyHelp solution is working or not. Data will be collected to compare against these objectives. In addition, feedback from user groups will be obtained to establish the effectiveness of their experiences with using the MyHelp platform.

- *What data you will be collecting*

- 1) Number of Salford patients (cohort) using the MyHelp platform within the pilot
- 2) Duration between initial referral of cohort to Six Degrees and first utilising a service as directed by the triage function on MyHelp.
- 3) Number of the cohort utilising Silvercloud
- 4) Number of the cohort utilising Group discussions support from Six Degrees
- 5) Number of the cohort using self-help resources and rating them at least as satisfactory
- 6) Number of the cohort, therapists believed MyHelp increased engagement.
- 7) Number of the cohort, therapists believed MyHelp reduced the likelihood of safe guarding issues.

- *How often you will collect these data and from where*

Corresponding to the data collection points above the frequency and source are listed below:

- 1) Frequency – Weekly Source – Six Degrees
- 2) Frequency – Daily Source – MyHelp platform
- 3) Frequency – Weekly – MyHelp platform / Six Degrees
- 4) Frequency – Weekly – MyHelp platform / Six Degrees
- 5) Frequency – End of therapy – MyHelp platform – feedback questionnaire
- 6) Frequency – End of therapy – MyHelp platform – feedback questionnaire
- 7) Frequency – End of therapy – MyHelp platform – feedback questionnaire

Feedback questionnaires will be provided to the user groups to obtain specific feedback of what is working and what is not. Feedback group discussions will also be conducted to get general feedback from the user groups.

• *How you will analyse these data*

The data will be analysed by Dr Michael Townend from the University of Derby. He will collate the data and provide a summary of the findings of the empirical evidence. The findings will be presented in a final report evaluating the pilot.

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
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<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 checked="" 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 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?

Technical – specification of modifications identified within the project are too extensive for implementation within the financial and time limitations of this project. *Mitigated* through continual liaison with Six Degrees and developers to confirming what is achievable and managing expectations.

Six Degrees may have incumbent systems which are not connected to the MyHelp system and hence there is a risk of duplicate work. *Mitigation* – identify ways of how this can be minimized by utilising consistent format of data entry. Consider inoperability for the future.

Six Degree staff and patients finding difficulties with the usability of the MyHelp platform. *Mitigated* through appropriate useability workshops and providing suitable training.

Commercial – the pilot does not attract a suitable number of patients to achieve meaningful data of the solutions effectiveness or to evaluate the key objectives outlined within this application. *Mitigated* through extensive marketing of the benefits MyHelp platform to patients, undertaking patient engagement exercises to increase awareness.

The solution must be financially viable i.e., developed at a cost that is affordable for a customer to enter a commercial agreement whilst meeting the costs incurred by MyHelp. *Mitigated* by understanding the value proposition the product offers to Salford and the cost/benefit such that an appropriate price structure can be agreed within appropriate development limitations.

Environmental – current economic climate including increasing in utility prices has resulted in reduction in available funds in households consequently, the availability of digital interfaces or electricity may be limited and impact on the project. *Mitigated* by identifying publicly available options where this arises.



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SECTION FOUR: BUDGET & FINANCE

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

ensure the amount stated is fully inclusive of all VAT. Please include a comprehensive budget, ensuring you include VAT where applicable.

£xxx

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

Project management	15,000
Operational support	10,000
Academic / evaluation input	10,000
External Senior IT advisor	6,000
Information Governance consultant	2,400
External clinical support	4,000
Technical Team	12,000
Design work	3,500
Marketing support	3,000
Patient Engagement events	3,500
Overhead (server running costs / travel)	5,000
Total	74,400

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

For the UK healthcare system, financial savings will be achieved through:

- *Increase in access to mental health services – PWP appointments
- *Reduced waiting for mental health support
- *Reduced GP appointments, DNAs and A&E attendances.
- *Reduction in avoidable reattendance.

Social benefits will include:

- *Practitioners maintaining high standards with evidence based clinical guidance
- *Improved efficiency with reduced therapy sessions required for patients
- *Enhanced collaborative working between different stakeholders
- *Improved mental health provides an increase in the work force.

The anticipated patient benefits will include:

- *Realtime advice/support particularly at times of crisis.
- *Increased engagement with mental health services.
- *Personalised education and treatment.
- *Improved/increased self-care with access to a digital record
- *Improved individual health outcomes
- *Involvement of other stakeholders and collaborative working
- *Reduction in other adverse impacts because of poor mental health.

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?

This pilot aims to test and gather evidence to support a business case with the intent to request recurrent funding, implementation or onward commissioning at the end of the 12- month pilot. It would be anticipated that a suitable business case that can justify the financial and social benefits that outweigh the cost can be presented to Salford ICP.

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SECTION FIVE: DATA PRIVACY IMPACT ASSESSMENT

21) WILL THE PROJECT COLLECT / USE / PROCESS PERSONAL CONFIDENTIAL DATA?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If 'yes', please tick below which of the personal and sensitive data items the asset / system /project will process.</i>	
<p><u>Personal Data Items</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Forename(s) <input type="checkbox"/> Surname <input type="checkbox"/> Address <input type="checkbox"/> Postcode <input type="checkbox"/> Date of Birth <input type="checkbox"/> Home Telephone Number <input type="checkbox"/> Mobile Telephone Number <input type="checkbox"/> Other Contact Number <input type="checkbox"/> GP Name and Address <input type="checkbox"/> Legal Representative Name (Next of Kin) <input type="checkbox"/> NHS Number <input type="checkbox"/> National Insurance Number <input type="checkbox"/> Photographs / Pictures of persons <input checked="" type="checkbox"/> Other – please state below: <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Some form of identifiable reference to be finalized with stakeholders</p> </div>	<p><u>Sensitive Data Items</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Gender <input type="checkbox"/> Religion <input type="checkbox"/> Ethnic Origin <input type="checkbox"/> Medical Information <input type="checkbox"/> Occupation / Employment <input type="checkbox"/> Other – please state below: <div style="border: 1px solid black; height: 50px; margin-top: 10px;"></div>
<p><i>A Data Privacy Impact Assessment (DPIA) form will need to be completed if your proposal is shortlisted to Interview.</i></p> <ul style="list-style-type: none"> <i>• If Yes is selected, a full DPIA will need to be completed</i> <i>• If No is selected, the DPIA only needs to be completed up to Screen 5</i> 	

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?

MyHelp adopts an EDI policy that will be applied to this project which in brief aims to:

- Prevent discrimination and eliminate prejudice during the project.
- Promote inclusion through considering the composition of society in the selection of patients
- for this project and encouraging a reflective cohort, along with a varied
- Be fair in MyHelp's dealings during the project and at all other times with all people – board members, staff, customers, volunteers and partners with whom MyHelp has relationships
- taking into account the diverse nature of their culture and backgrounds.
- The results of the project will be offered to those involved along with being publicly available
- to anyone who has an interest in the findings. Key findings will be shared via social media.

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



This project would improve the socio-economic contribution of people with mental health issues particularly at a time when the public are facing increasing financial pressures.

The London School of Economics reported that mental health costs the UK economy at least £118 billion per annum due to the loss of productivity by people living with mental health conditions. MyHelp can help to support people suffering from mental health problems to be economically and socially active again.

Public Health England reports 14.3 million days lost per year due to mental health even a small improvement will represent a significant return on investment.

The recent pandemic has seen a growth in use of self help apps and therapy being provided online as opposed to face to face with research showing that done in the right way, this can be as effective as face to face.

MyHelp is a digital platform that complements self care and online therapy, which would encourage therapy being conducted from a therapists' and individual's home reducing DNAs, travel emissions and contributing to the Government's sustainability agenda for the benefit of the environment.

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SECTION SEVEN: OPERATIONAL DETAILS

25) REGISTERED DETAILS OF BIDDING ORGANISATION/s

Name of Organisation	Registered Address	Organisation Type
MyHelp Ltd	25 Eyebrook Road, Bowdon, WA14 3LH	Private Limited Company

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
MyHelp Ltd

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>Indi Singh</i>
Job Title	<i>Chief Executive</i>
Organisation	<i>MyHelp Ltd</i>
Email Address	indi@myhelp.co.uk
Telephone Number	<i>07973 387 925</i>

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

Name	<i>Kirren Kaur</i>
Job Title	<i>Clinical Lead</i>
Organisation	<i>MyHelp Ltd</i>
Email Address	kirren@myhelp.co.uk
Telephone Number	<i>07855 630993</i>

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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

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:

indi@myhelp.co.uk

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

