



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>	Mark Woodall, Senior Manager, Manchester Deaf Centre
CONTACT NUMBER	0161-276-9330 or 07557-095-854 (SMS only)
EMAIL ADDRESS	mark.woodall@manchesterdeafcentre.com
SUBMITTING ORGANISATION	Manchester Deaf Centre (Registered charity number. 1110373. Company number. 05277257)
PARTNER ORGANISATION(S) <i>(if a joint bid)</i>	
DATE SUBMITTED	31 August 2022

<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

Deaf Healthy Lives Salford

2) SUMMARY OF PROPOSAL

Terminology:

Deaf – Deaf (capital D) identifies people who have a strong social/cultural affinity with other Deaf people whose first/preferred language is British Sign Language (BSL).

deaf – deaf (lower-case d) refers to a wider group including Deaf, deafened, deafblind and hard of hearing people.

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Manchester Deaf Centre (MDC) is a deaf-led organisation providing services to deaf people in Greater Manchester.

In line with current Salford Locality priorities, we propose the following new project:

The problem or need you are addressing

We know from experience/published research that deaf people experience significant health inequalities. Some examples:

- 37% of Deaf people have high blood pressure compared to 21% of the general population. Only 36% are on treatment compared to 57% of the rest of the population¹.
- 71% of Deaf people are overweight and 30% clinically obese, compared to 61% and 25% of the general population respectively².
- Deaf people have similar rates of diabetes to the general population. However, they are less likely to be aware of the problem and 56% have inadequate control if/when diagnosed³.
- Deliveries to deaf women are significantly associated with adverse birth outcomes⁴
- 24% of Deaf people suffer from depression compared to 12% of the general population – only 15% are on medication⁵

¹ Research into the health of deaf people, Ipsos Mori (2013) for SignHealth (2014)

² Research into the health of deaf people, Ipsos Mori (2013) for SignHealth (2014)

³ Research into the health of deaf people, Ipsos Mori (2013) for SignHealth (2014)

⁴ Pregnancy, birth and infant outcomes among women who are deaf or hard of hearing, Mitra M et al (2020)

⁵ Mental health and deafness: Towards Equity and Deafness, NHS (2005)

- Hearing loss increases the risk of dementia by up to five times⁶

Our project targets three key causes of health inequality:

1. 'Health Literacy'. Many deaf people lack understanding of:

- Healthcare services available, including screening services/health checks
- Signs and symptoms: when help should be sought
- Vaccine programmes, leading to low uptake /hesitancy
- General health information

Example: in Trafford, MDC asked 22 deaf people about their understanding of several health issues:

- Only 50% were aware of the screening checks available to them
- 86% did not understand the traffic light system that is on food packaging

This issue is particularly acute amongst people who are prelingually deaf. 90% of deaf children are born to hearing families⁷ and it is estimated that 81% of parents are not able to communicate with their child effectively⁸. Many deaf children therefore grow up with no understanding of family health-history or their own health. This can lead to health problems in later life and a lack of understanding of the need to seek help.

Additionally, people with moderate to profound deafness tend not to pick up information incidentally in the same way that hearing people do.

Language barrier is a factor for deaf adults. Written materials e.g. online sources of information and health service leaflets are inaccessible. The average reading age of a deaf school leaver is that of a hearing child aged 8⁹.

BSL is a different language to English with its own grammar, structure, and unique ways of expressing meaning. Very little health information is available in BSL. Legal proceedings were recently taken against the UK government for failing to provide Covid briefings in BSL¹⁰.

2. Communication barriers experienced accessing healthcare/health information

The significance of this cannot be underestimated. People with all levels of hearing loss report difficulty. Some statistics:

⁶ <https://rnid.org.uk/hearing-research/hearing-loss-and-dementia-how-are-they-linked/>

⁷ Rawlings and Jenema, 1977

⁸ Ratna, 1996

⁹ Conrad, 1979

¹⁰ <https://whereistheinterpreter.com/legal-challenge/>

- 44% of deaf patients report that contact with their GP or health centre is either difficult or very difficult¹¹
- 33% of deaf patients left consultations with their GP unsure about medication instructions and subsequently took the wrong doses¹²
- 77% of Deaf patients had difficulty communicating with hospital staff¹³

Reasons include:

- Many deaf people rely on lipreading for communication. Even for hard of hearing people who use speech well and have English as a first language, lipreading is tiring. Many sounds look very similar on the lips. Studies show that only 30–40% of words are clearly visible; the rest is deduced by intelligent guesswork. Environmental conditions in healthcare settings increase difficulty: poor lighting, background noise, 'busy' visual backgrounds, staff looking at computer screens whilst talking
- Inadequate communication support during appointments
- Difficulty with systems, e.g. telephone helplines inaccessible
- Self-help groups often run by not-for-profit organisations, which cannot afford lipspeakers/interpreters

3. Barriers in access to activities that promote positive mental and physical wellbeing

Barriers include communication, low confidence/low self-esteem, finances, low level of education/life skills. It is well known that hearing loss leads to withdrawal from social situations and loneliness.

In 2022, MDC commissioned research into the needs of people accessing its services¹⁴. 185 deaf people took part in online surveys and 25 in focus groups.

37% of deafened/hard of hearing participants reported challenges with social interactions e.g. concentrating and taking part in conversations. It is no surprise therefore that many mainstream activities – often group situations – are not accessible. As one focus group participant put it:

"I used to go [to Zumba] but stopped as I can't follow the instructor. It is difficult to see her face"

A common theme that emerged from this research was that deaf people want support to overcome challenges keeping fit/healthy and socialising.

¹¹ GP Patient Survey, 2011

¹² GP Patient Survey, 2011

¹³ 'A Simple Cure', RNID, 2004

¹⁴ 'What Deaf People Want', Forever Consulting, May 2022

What your proposed innovative solution is

1. Increase health literacy within the Salford deaf community by:

Running weekly workshops and activities:

- open to any deaf person living in Salford
- designed around deaf specific communication/access needs

Workshops: will focus on raising awareness of specific health conditions/related screening programmes, health checks, support services available, e.g. specific types of cancer, cholesterol, high blood pressure, diabetes, sexual health, dementia, mental health, vaccination programmes.

Accessible videos will be produced following workshops, enabling other deaf people to 'watch later'.

Activity sessions: will promote good physical/mental health. The sessions will be free, fun, will encourage activity and social contact. Health awareness information relevant to the session will be shared:

- Gentle fitness classes can include information about heart disease or mental health
- Healthy cooking sessions can include information about the traffic light system and provide opportunity to remind people about the importance of blood pressure/cholesterol checks

Workshops/activities will be led by:

- Specialist practitioners from local NHS services/qualified community sector organisations (e.g. [Answer Cancer](#), [Diabetes UK](#), [Cracking Good Food](#))
- Deaf professionals (e.g. [Deafinitely Fitness](#))

2. Increase uptake of screening services and other health checks by:

- Linking project attendees with screening/health check services
- Encouraging attendees to attend for screening
- Facilitating attendance by booking appointments and ensuring appropriate communication support

3. Remove communication barriers, reduce stress, and improve access to services, thereby positively impacting mental and physical health by:

- Providing one-to-one advice/assistance (letter translation, help with phone calls, booking appointments, etc) to any deaf person living in Salford with any issue affecting health/wellbeing – face to face at our office base, by video call, or telephone, or home visit where needed

What your evidence or rationale is to suggest that this solution will address the given need?

1. The model of health themed workshops/activities has been tested in Manchester and in Trafford. Engagement and outcomes have been good:

In Trafford, following workshop attendance, 45% of the deaf people who had previously been unaware of screening checks available to them immediately agreed to attend for screening.

For more information/examples see Q6.

2. We will be providing the support that deaf people have recently told us they want:

Support with keeping fit and healthy was ranked top by deafened/hard of hearing people and third by Deaf people¹⁵.

Deaf people continue to ask for help with communicating to access services and to deal with issues that affect wellbeing¹⁶.

3. MDC previously received Innovation funding for a different project: Salford Deaf Advocacy Service (SDAS). The project ran successfully between March 2020 and May 2022, achieving transformative outcomes for both service users and providers of health and social care services in Salford¹⁷. We are therefore a tried and tested provider in Salford, with a trusted profile among the deaf community and an existing network of contacts within healthcare services.

4. As a deaf led organisation MDC is best placed to understand deaf people's needs and provide support. In a recent study¹⁸, 66% of Deaf people said they prefer to receive support from a specialist Deaf support organisation.

5. The option of face-to-face delivery is crucial to addressing need – most Deaf and deafened/hard of hearing people prefer to receive support face-to-face (87% and 65% respectively)¹⁹.

Your project delivery plan / method for piloting this

Project delivery dates (flexible): 1 January to 31 December 2023

Pre-project start, MDC will:

- Recruit a Project Manager and 2 Project Support Officers (more detail: Q23)
- Secure office space in Salford

¹⁵ 'What Deaf People Want', Forever Consulting, May 2021

¹⁶ 'What Deaf People Want', Forever Consulting, May 2021

¹⁷ SDAS Independent Evaluation Report, Dr H Sutherland & L Stewart-Taylor, Oct 2021

¹⁸ 'What Deaf People Want', Forever Consulting, May 2021

¹⁹ 'What Deaf People Want', Forever Consulting, May 2021

- Prepare risk management plans/insurances
- Commission an independent researcher for project evaluation

Once staff are inducted and the office base is operational, staff will:

- Link with healthcare staff within screening and health check services re: joint working (more detail: objective 1)
- Plan a 9-month programme of workshops/activities to start from 1 April (more detail: objective 2)
- Promote the project widely via multi-channel communication (more detail: objective 3 and Q16)
- Deliver weekly workshops/activities, in partnership with outside facilitators (as above)
- Coordinate/ design accessible health information videos following key workshops
- Refer attendees onto screening services and health checks following workshop events
- Provide one-to-one appointments
- Collect data for independent monitoring and project evaluation purposes and liaise with outside consultants as needed

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

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

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

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

Objective 1:	By the end of March 2023, all project staff will have developed links with health staff within screening services and other health check services. Project staff will understand the range of screening services and health checks available and will have confirmed key referral routes for deaf people who have contact with our project. Key health staff will understand the aims of our project, the barriers that deaf people may usually face when accessing services, and adjustments that need to be made to ensure deaf people's positive experience of attending for screening and health checks.
Objective 2:	By the end of March 2023, project staff will be well underway in their planning of a rolling programme of weekly health awareness workshops and activities to take place between 1 April 2023 and 31 December 2023. This planning phase includes: the formation of a deaf focus group who will meet with staff to input their ideas into the planning process; liaison

	with partner organisations, specialist practitioners and deaf professionals who can facilitate workshops and activities; the booking of appropriate space, including liaison with local community venues which may host some activities (e.g. leisure centres/gyms); promotion of early events on the programme.
Objective 3:	By the end of March 2023, project staff will have completed significant initial communications and outreach within the community, aiming to: raise awareness of the project, create interest in the upcoming health workshops and activities programme, and ensure deaf people know how to access one to one support from project staff.
Objective 4:	Between 1 February 2023 (at the latest – we will start sooner if recruitment processes permit this) and 31 December 2023, staff will be available 5 days a week (excluding bank holidays) to provide one to one support to any deaf person living in Salford with: any health-related issues including health literacy; letter translation; phone calls to health and other public services; information and advice regarding any matter that affects wellbeing and welfare.
Objective 5:	By the end of December 2023: <ul style="list-style-type: none"> • 40 workshops /activity sessions will have been delivered • 60 deaf people will have benefited from contact with our project either by attendance at a group activity or through one-to-one support • 6 new health awareness videos will have been produced and be available on YouTube
Objective 6:	By the end of January 2024: <ul style="list-style-type: none"> • An independent project evaluation process will be completed and report available

Comments:

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

Group/s	What benefit/s will be realised for this particular group?
Deaf people living in Salford	Improved health literacy Improved access to screening and other health checks Improved access to health information

	<p>Access to deaf-inclusive group activities promoting good mental and physical health</p> <p>New opportunities to socialise in ways that are sensitive to hearing loss</p> <p>Reduced isolation, loneliness & resulting low mood Individual assistance with issues affecting health and welfare – reducing stress</p> <p>Our project also aims to improve the experience of deaf people within the healthcare system so that their confidence increases for the future (poor previous experience of contact with healthcare services leads to low confidence)</p> <p>All of the above contribute to better overall physical and mental health</p>
Health service staff in Salford	<p>Increase in uptake of screening services and health checks amongst deaf residents of Salford</p> <p>Staff who have contact with our project will improve their understanding of deaf people's health access and communication needs.</p>
Hearing staff working in Salford-based community venues and projects	Those who have contact with our project will gain an increased understanding of deaf people's access and communication needs.
Deaf self-employed professionals	Opportunity of work with the project as a workshop or activity facilitator, or a filmmaker – providing income.

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:

We have delivered the health workshop model elsewhere with good results. For example, in our Trafford project in which 22 clients were asked about their knowledge and understanding of health screening checks available to them and 50% had no knowledge of the screening services:

- Information was provided about cancer screening via a BSL interpreted workshop
- Attendees were encouraged to attend for screening
- Of the 50% who were not aware of the checks, 45% agreed straight away for screening appointments to be made
- Our staff member made the appointments and ensured that the correct communication (such as a BSL interpreter) was in place for the appointment; also communicated clearly to the attendees when and where the appointments would take place
- The other 55% wanted to discuss it with their families or think about it before committing

At MDC we are also experienced in providing wellbeing activities which are well received and attended. For example:

Over the winter months this year, thanks to funding from the Manchester Wellbeing Fund and Greater Manchester Mental Health, we were able to run a series of 12 themed cultural coffee mornings. The events were aimed at encouraging deaf people out of their homes by providing a warm social environment, free hot drinks, food and the opportunity gain knowledge of difference cultures and cuisines. Themes included Ramadan, Scotland, and St Patrick's Day.

Over the summer this year, thanks to funding from The Arts Council and from Forever Manchester, we have been running weekly art project, themed around the Queen's Jubilee. The project has been facilitated by Deaf artist Glenn Palin who is based in Manchester and who has become known for his work which incorporates his own take on the Manchester Bee image into pieces which are inspired by his experience of being in the city. A group of 10 deaf people have taken part in the project, which has involved learning new art skills, visiting Manchester Art Gallery for inspiration, and learning about the history and meaning of the jubilee event. The group will finally produce a mural incorporating British Sign Language to display permanently on the wall of MDC's outdoor courtyard.

In the summer of 2021, thanks to funding from Greater Manchester walking, we ran a deaf walking group project. The group met once a fortnight throughout the spring and summer. Walking shoes and a rain jacket were provided for anyone who needed them. There were 9 walks and the distance covered amounted to over 50km. Most of the walks involved visiting and exploring different Manchester parks. The end of the project was celebrated with a trip to Blackpool, where the group walked on the beach, went up Blackpool Tower, and finished off with fish & chips. The walks were a great success. The mum of one of the walking group attendees emailed us with this feedback afterwards:

"Hi, I would just like to say how absolutely fantastic the walkabout has been. Speaking on behalf of myself and my daughter the fact that she can get out and about with a group of her peers has had a huge effect on both her mental and physical health. To be able to visit

all different parks and places, independent from me with a group who she can communicate with has been brilliant, especially as she and a lot of deaf people can feel extremely isolated, and after this last year and half we all realised how important being outside in nature is for our overall wellbeing, and I do hope that there will be another chance for this to happen again."

7) PLEASE EXPLAIN HOW THIS PROPOSAL IS "INNOVATIVE"

Our project is innovative for Salford. It has worked well elsewhere but has never been delivered in Salford.

As far as we are aware:

- no other service in Salford is offering a bespoke programme of workshops and activities of this kind – specifically designed around the access needs of deaf people in Salford
- no other service aims to specifically improve deaf people's uptake of screening services and other health checks

A non-deaf-led project funded by CVS called Salford d/Deaf Community Gathering is currently offering meetings once a month. The meetings host a speaker to talk about deaf issues, followed by tea/coffee and bingo. There is also a drop in twice a week at which people can seek practical assistance with letters, phone calls, etc. However, our understanding is that the funding for this project will have run out by the time that our project would be operational in the new year.

MDC's WAITE service also provides information and advice specifically for deaf people, as well as wellbeing activities where funding permits. Salford residents are eligible to access support or join in with activities through WAITE, however:

- the service is available to any deaf person living or working in Greater Manchester. The number of people seeking support from the service is high and staff resources are limited. Appointment waiting times can therefore be long.
- The team base is central Manchester (M13) and there is no outreach office in Salford. Therefore, any deaf person needing face-to-face support or wanting to join in activities will need to travel from Salford to Manchester. Home visits to people living in Salford are very difficult for the WAITE staff to resource.
- The WAITE service is currently funded by the National Lottery. This funding runs out mid-way through 2023 and, as yet, continuation funding has not been secured.

[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 type="checkbox"/>	Workforce Transformation
<input type="checkbox"/>	Sexual Health
<input type="checkbox"/>	Frailty and ageing
<input checked="" 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>
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9) WHICH OF OUR CORE INNOVATION PRINCIPLE/s DOES YOUR PROPOSAL EVIDENCE?

(Please tick all that apply)

<input type="checkbox"/>	Exploiting the use of 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	By the end of January 2023, MDC will have recruited and inducted 3 new staff to enable delivery of the new service and a project office base in Salford will be operational.
3 months:	By the end of March 2023, key objectives 1-3 (see Q3 above) will have been achieved. The one-to-one appointment service described in key objective 4 will also have been operational already for 2 months.
6 months:	By the end of June 2023, delivery of the weekly workshops/activities will be underway, with approximately a third of the intended target (13) having been delivered. A minimum of two health videos will also have been produced following workshops.
9 months:	By the end of September 2023, approximately two thirds of the intended target number of workshops and activities (26) will have been delivered. A minimum of two further health videos will also have been produced following workshops.
12 months:	By the end of December 2023, the intended total number of workshops and activities will have been delivered (40). A total of 6 videos will have been produced following workshops. Project staff will have undertaken all necessary work specified by the researcher to enable their independent evaluation report to be concluded and written up.

11) HOW IS THE PROJECT GOING TO BE MANAGED?

From a strategic point of view, the project will be overseen by current MDC staff Mark Woodall and Claire Holland, both of whom hold Senior Manager roles. Mark and Claire are both deaf themselves and are also experienced project managers.

Mark and Claire receive support from MDC's Board of Trustees. There are currently 9 trustees who bring a variety of professional skills to the role. The Chair of the Board and 2 other trustees are hard of hearing. 5 trustees are Deaf.

Operationally, the advertising of new jobs and the recruitment of project staff will be managed by Mark and Claire. MDC is supported by HR consultancy company [Peninsula UK](#) who provide advice and support in all matters relating to HR.

This application includes funding for the employment of a new Project Manager (PM). Once in post and inducted, the new PM will assume the strategic lead for the project's aims and objectives, as well as full operational responsibility for the day to day running of the project and management/supervision of the two other project staff.

Overall responsibility for workshops and activities facilitated by partner organisations, etc, will remain with the project staff.

The PM will be supported by and receive monthly supervision from MDC Senior Managers.

The PM will also provide a written report once every two months to update MDC's Senior Managers on progress with key project objectives/targets.

The PM will be responsible for providing the 6-month (mid-point) project update report for the Innovation and Research Oversight Group (IROG) and relevant Sponsoring Strategy Group.

The PM will represent MDC at any relevant external forums /focus groups in the Salford area.

Personal data collected by the project will be securely recorded in MDC's client management system. The PM will be responsible for ensuring that all project staff adhere to MDC policies and procedures regarding data collection.

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?

We have made provision in the project costings for an independent project evaluation.

As a deaf-led organisation we believe that a suitably qualified deaf researcher (or group of deaf researchers) would be best placed to conduct our project evaluation. This will facilitate communication with project beneficiaries. It will also ensure that the researcher(s) have an accurate understanding of deaf issues and needs, and that they therefore will be able to fully appreciate and assess the project's impact.

We would therefore seek to commission a deaf researcher who would be independent of MDC. Examples are: [Dr Minna Moffatt-Feldman](#), or [Dr Hilary Sutherland](#), who previously led an independent evaluation of our SDAS project.

If a deaf researcher with availability during the project timeframe cannot be found, our plan B is to commission an alternative independent researcher, for example, [Forever Consulting](#), a Manchester-based social enterprise which provides social and economic research and consulting services, and whom we have previously commissioned²⁰. It would be a requirement of our contract to work alongside a deaf person who can act as a communication link between research team and project beneficiaries and facilitate the gathering of evidence using British Sign Language.

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

MDC, as the lead organisation, and all project staff will:

- Commission an independent researcher ahead of the project going live in Jan 2023

²⁰ 'What Deaf People Want', Forever Consulting, May 2022

- Meet with the independent researcher within the first month of staff starting work, to discuss and agree what data needs collecting by staff during the project itself to feed into the evaluation process
- Collect and securely record data throughout the life of the project to enable monitoring of the number of people who have benefitted from the project, including any specific social, identity, outcome, or other data requested by the researcher
- Seek individual beneficiaries' or stakeholder (i.e. health service staff) permissions to use their case stories as evidence and examples of contact with our project and positive outcomes received
- Project staff to comply with any requests from the researcher to meet again during the project including to be interviewed by the researcher – to allow for their own perspectives on success or scope for improvement to be included in the evaluation
- In collaboration with the researcher, project staff to engage a group of beneficiaries (members of the focus group or others) willing to be interviewed individually or give feedback in a group setting – to allow for their own perspectives on success or scope for improvement to be included in the evaluation
- The researcher to provide a written report and a set of recommendations no later than 31 January 2023 (1 month after the close of the project). The report will review the project's performance against its key objectives, making clear what worked and what didn't, and make recommendations on any future provision and potential improvements

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

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

- Yes
- No
- Don't Know

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

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

- Yes
- No

IF YES, please answer the below questions:

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

	Functional Classification	Description	Examples May Include
<input type="checkbox"/>	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 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?

Risk:

That the project fails to reach sufficient deaf people given that this cohort of the community can be isolated and hard to reach.

Mitigation:

Staff will promote the project widely via multi-channel communication including:

- personal contact with our existing network of deaf people based in Salford
- the re-boot of our 'Salford Signed' YouTube channel
- via all MDC social media channels – Facebook, LinkedIn, Instagram, YouTube, Twitter
- attendance at Salford-based audiology and hearing aid clinics with a stall and leaflets to promote our service
- visits to care homes and supported accommodation to link with deaf residents
- linking with sensory services and social workers who work with deaf people in the community
- outreach to [Salford City College](#), [Salford Learning Support Service](#)
- outreach to [Age UK Salford](#) and [Salford Action for Hearing Loss](#)
- leaflets and posters to be placed in community locations – supermarket notice boards, libraries, community centres, etc

All promotion to be deaf accessible, for example videos posted on social media will be BSL interpreted and subtitled.

Risk:

Risk to personal safety of project staff from lone working.

Mitigation:

The recruitment of 3 specific project staff ensures service provision 5 days a week without the need for significant lone working. However, there may still be times during which staff will need to work alone, for example, during home visits for one-to-one appointments. Project staff will always follow MDC's lone worker policy, which provides a framework for managing risk.

Risk:

Covid-related risk to health of project staff and beneficiaries from face-to-face contact.

Mitigation:

Project staff will always adhere to MDC's health and safety and Covid policies, which provide guidance for minimizing risk in shared spaces.

Risk:

Legal challenge against MDC for acting beyond its core charitable objectives.

Mitigation:

MDC/service-user contract making clear the parameters within which our project staff can work, but equally the standards they will strive to uphold.

[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

Total figure requested = **£86,840.15**

Please see budget breakdown Q18.

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

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



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

Expense	Cost	Additional info where applicable
Costs of advertising jobs and interviewing candidates.	£585	BSL translation of 2 x job descriptions and adverts £210 (Band 3, 4 hours) Room hire for interviews £375 (1.5 days MDC Meeting Room 2)
Employment of Project Manager at 30 hours per week, including Employer's National Insurance Contributions at 15.05% and Pension Contributions at 3%	£23,513.20	30 hours x £13.52/hr x 52 weeks = £21,091.20 NICs contributions 15.05% = £1,805.00 Pension contributions 3% = £617.00
Employment of 2 x Project Officers at 22.5 hours per week, including Employer's National Insurance Contributions at 15.05% and Pension Contributions at 3%	£30,962.00	Per person: 22.5 hours x £12.20/hr x 52 weeks = £14,274.00 NICs contributions 15.05% = £779.00 Pension contributions 3% = £428.00 Total: £15,481.00
Shared office space hire for 12 months	£4,000	We hope to rent space at Langworthy Cornerstone – a charity-run, community centre accessible by bus from many parts of the district, whose stated purpose is to 'improve the health and wellbeing of the people of Salford' ²¹ .
Equipment costs: Laptops x 3 Mobile phones x 3	£3,002.97	Quote from Curry's PC World: Laptop: DELL Inspiron 153000 £419.00 + Microsoft bundle (Life) £119.99 + Care and Protect for 2 years £126.00. Total £664.99 x 3 = £1,994.97 From Vodaphone:

		Apple SE handset £307.00 SIM deal for 12 months – unlimited data/minutes/texts £29/month. Total £336 x 3 = £1,008.00
Production of 6 x health awareness videos in BSL with voiceover and captions.	£2,700	£450 per video x 6
Service marketing and communications	£3,000	To cover BSL interpretation of online content where needed. Also design, print and distribution costs of Plain English and visual representation posters /flyers.
Costs involved in running Workshops and Activities Programme All sessions will be will free of charge to participants, to ensure that no-one is excluded for financial reasons	£7,500	BSL Interpreters /Lipspeakers to translate hearing speakers' health awareness workshops. Total cost = £4,500. (Band 2, 2 x interpreters needed for a 2-hour workshop. Total sessional cost per workshop = £300. Estimated number of workshops requiring interpreter attendance = 15. Other activities on the programme can be managed without interpreter costs) Other costs = total £3000. To include for example, where needed: Room hire for group activities (As well as office space, larger meeting rooms suitable for group activities – health awareness events, keep-fit, etc, are available for hire at Langworthy Cornerstone) Transport costs Admittance fees at community venues such as gyms Payment of sessional workers to lead healthy activity sessions. Examples: Yoga – £50

²¹ <http://www.langworthycornerstone.co.uk>

		Healthy Eating Cookery Session – £250 Personal Trainer to lead gym session – £30 per session Food/drink at events /activities to encourage attendance and promote healthy eating.
Independent verification of social accounts by social audit network	£250	At 12 months
Subtotal:	£75,513.17	
Project Management fee	£3,775.66 (5% of all other project costs)	To contribute to MDC's costs in managing the new project. Including: staff DBS checks, payroll costs, HR administration, insurances, induction of new staff, ongoing line management of Salford Project Manager, oversight of project's key objectives.
External independent evaluation	£7,551.32 (10% of total of all other costs excluding project management fee)	
TOTAL COSTS	£86,840.15	Fixed cost of project

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

Our project will be of cost benefit to health services:

Connecting deaf people with screening services and health checks will flag up health issues early, enable deaf people's access to health advice and treatment sooner, and reduce the likelihood of severer health events or more costly interventions later.

Raising health literacy will result in deaf people seeking advice sooner in future if symptoms occur, again reducing the likelihood of health problems developing and becoming more costly to treat.

Providing access to healthy activities will support positive mental and physical health. It will provide opportunity for social interaction and new friendship networks to form, thereby reducing isolation and loneliness. It will inform and encourage wider lifestyle change for example healthy eating and regular physical activity.

Supporting deaf people to access healthcare and with other issues affecting their wellbeing saves staff in other services time and money. Here is a simple example:

A Deaf patient receives a letter from their GP surgery inviting them for an age-related health check, and our project staff can:

- translate the letter for the patient to ensure that the patient knows why the appointment is being suggested,
- phone the GP surgery on behalf of the Deaf person to ensure that correct communication support is in place for their appointment,
- make sure that the Deaf person understands the time, date and location of the appointment correctly.

The benefits of this are:

- the patient attends at the given time and understands the purpose of the appointment – otherwise the patient may fail to attend due to communication breakdown which is an appointment wasted
- the correct communication support is in place – meaning that the appointment is not wasted: if the patient attends without an interpreter being present it may need to be re-arranged
- the patient understands any health advice given at the appointment as their communication needs have been met, meaning that the advice is more likely to be implemented

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

We hope that our project will produce a legacy which will continue after the 12-month funded period has ended.

For example, the deaf people who have accessed the project will have improved health literacy, which they will then share within their own personal networks and away from the project. Groups of deaf people will have received support to access activities such as fitness sessions based in community gyms, which we hope will give some people motivation and confidence to carry on attending gyms beyond the 12 month funded period.

Our new bank of video resources will be available on YouTube via our Salford Signed channel, and via Manchester Deaf Centre's channel after the project has ended. These can also be shared on Salford CCG's communications network. These resources will remain as a legacy resource, capable of reaching more deaf people in the future.

We very much hope that healthcare providers will be able to maintain the positive momentum and achievements that we have delivered. i.e. health staff will be more aware of deaf people's needs and therefore able to make screening and health check services more accessible and inclusive in the future. However, we believe that there will still be a great need for communication support, information, and guidance to ensure that deaf

people have equal access to healthcare services beyond our project's initial 12 months. If continuation funding for the project isn't possible through an alternative CCG fund, we will need to seek funding from Trusts and Foundations, prospective donors and sponsors to continue the service.

It is worth saying that we believe that the implications of a break in service are costly to the health and wellbeing of the deaf community as well as the finances of the public services supporting them as unresolved issues would escalate and the support required to remedy these would increase.

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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:

Preferred method of communication
Source of referral
Details of health condition/disability
Caring responsibilities

Sensitive Data Items

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

Details of household income – only if needed.

Example: to advise a person if they are eligible for free prescriptions or not.

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?

- Yes *If Yes, please give details here*
 No

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

MDC has a robust Equalities policy, which covers all key areas of its operation. MDC staff have received updated training in equal opportunities within the last 18 months, and they understand the need to ensure the rights of individuals with protected characteristics.

New project staff will receive training in Equalities as part of their induction, to ensure that they understand how the policy relates to their own work with participants in Salford.

Our recruitment procedures follow equalities legislation. Compared with most other organisations, we are particularly aware of barriers that deaf people experience when seeking work and we take steps to mitigate these, ensuring equality of opportunity for deaf people when advertising and recruiting for vacancies:

- Vacancies will be advertised both internally and externally via channels including Deaf Jobs UK and MDC’s social media
- Adverts will be bi-lingual BSL–English.
- Applications will be able to be submitted in BSL or English.
- Shortlisted candidates will be asked in detail about their communication preferences
- The interview process will be fully accessible with adjustments made to reflect communication preferences of individual candidates

We are passionately committed to reducing health inequalities amongst the deaf population in Salford, and we believe that our proposed project will achieve this in both broad and specific ways, as outlined earlier in this document.

We are focused on ensuring that our project is accessible to all deaf people irrespective of their financial situation. All of our workshops and programme activities will be free of charge.



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

The recent Greater Manchester Mental Wellbeing & Disability Report (GMMWDR) finds that:

‘Belonging and community connection often form the basis of routes into the other Ways to Wellbeing, yet, at the moment, Deaf and disabled people in Greater Manchester are some of the most isolated. Priority should be placed on removing barriers and increasing access to genuine community connection.’

Our programme of accessible workshops and activities will create a peer community, by providing a safe and welcoming space for deaf people to meet together and build new connections and friendships.

Our project will connect deaf attendees to other deaf people who can form role models. For example, a deaf fitness instructor running his/her own business could be inspirational to a deaf attendee; it would perhaps be the first time that the attendee sees that it is possible to work as a fitness instructor as a deaf person.

Our project will also connect attendees to other hearing members of the wider community with whom they would not have had the confidence to connect previously. For example, if we organise a deaf fitness instructor to run a series of training sessions in a community-based gym, the session attendees will be introduced to the gym environment, its staff and other gym users. This is of social benefit to both deaf and hearing people, and it will hopefully encourage hearing people to be better aware of deaf people’s access needs in future.

Our project can connect attendees with other services offered through Manchester Deaf Centre: for example with MDC’s employment advice service, which supports deaf people to apply for work or for skills training, or to sustain work. Such connection can increase Salford attendees’ chances of gainful employment and independence, thereby reducing dependence on welfare benefits.

Our project will also bring added economic benefit to Salford as we will spend our workshops and activities budget in Salford where possible. For example, we would use Salford suppliers of goods and services by priority. And we will keep as many activities as possible local to Salford, benefiting community venues such as gyms or visitor attractions with our support. We will also be booking space in Salford, in doing so supporting community centres such as Langworthy Cornerstone.

[Form Continues on Next Page](#)





SECTION SEVEN: OPERATIONAL DETAILS

25) REGISTERED DETAILS OF BIDDING ORGANISATION/s

Name of Organisation	Registered Address	Organisation Type
Manchester Deaf Centre	Crawford House, Booth Street East, Manchester, M13 9GH	Registered charity number 1110373

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

Manchester Deaf Centre: details as above Q25.

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

(Please complete all sections)

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

Name	Mark Woodall /Claire Holland
Job Title	Senior Managers
Organisation	Manchester Deaf Centre
Email Address	Mark.Woodall@manchesterdeafcentre.com claireholland@manchesterdeafcentre.com
Telephone Number	MDC main office: 0161-276-9330 Mark Woodall: 07557-095-854 (text only) Claire Holland: 07443-682-018 (text only)

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

Name	New Project Manager to be confirmed
Job Title	
Organisation	MDC / Salford
Email Address	tbc
Telephone Number	tbc

Form Continues on Next Page





SECTION EIGHT: APPLICANT AGREEMENT

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

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

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

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

MDC confirms this

✓ 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

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