



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>	Tim Rumley, Senior Youth Work Manager, Salford Youth Service Diane Kinsella, Designated Nurse, Safeguarding Children and Cared for Children (Salford)
CONTACT NUMBER	Tim Rumley 07890526666 Diane Kinsella 07919 113 802
EMAIL ADDRESS	Tim.rumley@salford.gov.uk Diane.kinsella1@nhs.net
SUBMITTING ORGANISATION	Salford City Council – Youth Service Greater Manchester NHS Integrated Care
PARTNER ORGANISATION(S) <i>(if a joint bid)</i>	As above
DATE SUBMITTED	31.8.2022

<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

Increase and improve access to contraception for vulnerable young people

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?

Current access to contraception services is challenging for vulnerable young people due to their trauma experiences and vulnerabilities; thus widening the inequalities they already experience in accessing healthcare. The COVID pandemic and recent outbreak of monkeypox has reduced capacity to an already pressured sexual health service in Salford widening these inequalities further throughout Salford neighbourhoods.

The proposal is to build resilience across the system by training and equipping nurses and other professionals working with young people to provide contraception and advice and support in accessing services. The plan is to implement a resourced project that will train staff and build a training for trainers resource, to equip staff with contraception kits, and empower young people to access contraception, themselves, as well as supported by their workers. The resource will be designed to support services such as GPs, Pharmacies, 0-19 service and specialist nurses working with vulnerable young people, and key workers in social care and youth workers in the youth service. The proposal is to maximise the useful digital resources available to promote contraception choices such as the Brook Contraception tool and build an interim pathway for staff working with vulnerable young people in the community setting using the existing trusted professional relationship model.

Improving access to contraception for vulnerable young people is an evidenced based approach to reducing teenage pregnancy. Under 18 conception rates in Salford are high with a disproportionate number of vulnerable young people being represented. Given the rise in the cost of living and the challenges young people's mental health present following the pandemic, the number of vulnerable young people in Salford is highly likely to increase experiencing more complex vulnerabilities.

Salford has a range of health and non-clinical professionals engaging with vulnerable young people daily. Improving the skills, knowledge and understanding of the post COVID sexual health system will support these professionals in ensuring a clear preventative offer. Robust pathways to sexual health and contraception services will also be developed to improve access and reduce inequalities.

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:	Reach 100 number of vulnerable* young people in Salford and provide information and advice, signposting to services and provide basic contraception services to them over the 12 months
Objective 2:	Provide training to 100 multi-agency professionals with tailored relationships and sexual health education (out of school) and contraception choices (youth workers, social workers, nurses and other professionals working with vulnerable young people)
Objective 3:	Provide equipment, resources and tools (20 basic contraception kits and 30 sexual health leaflet and poster bundles) to teams working with vulnerable young people for use when discussing contraception choices and navigating existing services and information in non-health settings (e.g. condom distribution).
Objective 4:	Develop over the 12 months an interim integrated pathway of access to contraception and appropriate sexual health interventions for vulnerable young people. This will support the aims of the project and resilience within the system for when sexual health service capacity improves.
Objective 5:	Provide data for young people accessing the service with protected characteristics

Comments:

Vulnerable young people in this context includes young people in the care system, cared for children and those leaving care, on Child in need and Child protection plan, at the edge of care as well as young parents, those in substance issue services, in domestic abuse services, mental health services, in homelessness provision, youth justice service, young people with SEND and others considered vulnerable by Early help and youth services.

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?
Homeless young people under 25	Increased access to professionals who can provide education, information advice and signposting, as well as limited contraception services to this group. Support to access digital resources and support with online/telephone appointments
Young people in social care arena (Child protection plans, Child in Need plans, Cared for children and care leavers)	As above
Young parents	As above – linked with Family Nurse Partnership
Young offenders	As above - linked with Youth Justice Service specialist nurse
SEND young people.	As above- linked with SEND team and dedicated LDD leaflets on sexual health
Vulnerable young people attending youth centres (accessing 42nd street, Early Break and other youth centre services)	Increased access to professionals who can provide education, information advice and signposting, as well as limited contraception services to this group. Support to access digital resources and support with online/telephone appointments. Posters in prominent areas where young people can access information.



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:

Various approaches to reducing under 18 conceptions have been tried and tested but this is a very bespoke approach for the current circumstances and pressures the system is experiencing. This project is not new but arises from a specific set of circumstances and is a pragmatic partnership approach to address concerns of under 18 conception rises. There is no additional ask for staff to increase their capacity or to do additional tasks; the project is to upskill professionals in the work they already do by building an equipped, skilled workforce providing a resilient system of support for vulnerable young people.

7) PLEASE EXPLAIN HOW THIS PROPOSAL IS “INNOVATIVE”

The innovation principle is to address specific issues of health inequalities. Sexual health services are under strain and this approach to equip the wider system to respond in the interim, building resilience specifically for services working with vulnerable young people, and support those who need a bit of additional support to access provision that the wider population could access.

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SECTION TWO: ALIGNMENT WITH SALFORD LOCALITY PRIORITIES

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

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

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

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

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

(Please tick all that apply)

<input checked="" 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

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SECTION THREE: PROJECT DELIVERY

10) KEY PROJECT TIMESCALES

(What is expected to happen, when?)

Month 1	Purchase equipment, resources Commission training Communicate project to key stakeholders Identify professional cohort in need of training. Identify train the trainer professionals Identify steering group membership and develop terms of reference and reporting framework
3 months:	Engage Stakeholders in Pathway development and sign off Report initial outcome measures ensuring kits are distributed to relevant teams Disseminate resources
6 months:	Mid-way review of progress on outcome measures Mid-way review of pathway efficacy
9 months:	How are we doing? Future commissioning proposal if required
12 months:	Evaluation of project and impact Demonstrate learning from the project with recommendations for future commissioning of services

11) HOW IS THE PROJECT GOING TO BE MANAGED?

Tim Rumley and Diane Kinsella will be responsible for overseeing the wider project milestones and outputs. With the collaboration of key stakeholders such as sexual health and public health commissioners and senior leads from operational health and care services will form a steering group to meet bimonthly to support the implementation and delivery of this project.

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?

Tim Rumley and Diane Kinsella in collaboration with key stakeholders and the steering group will collate the beneficiaries data from the nurses and other key workers.

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

Key performance indicators for the project will be:
 Number of young people benefiting from sexual health advice from trained staff
 Number of professionals trained in sexual health
 Number of trainers trained
 Number of settings with displays and updated leaflets
 Data collected –broken down by protected characteristic/identified vulnerable groups

Targets will be:
 Number of young people supported by staff in 12 months - 100
 Number of professionals trained in sexual health -100
 Number of trainers trained - 10
 Number of settings with displays and updated leaflets 30 (college sites/training agencies)

Evidence suggests if these KPIs are delivered and targets met this will impact on Under 18 conception rates and STI rates

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.

The project will seek to develop an interim care pathway for access to contraception for vulnerable young people (under 18).

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 checked="" type="checkbox"/>	Inform	Provides information and resources to patients or the public. Can include	DHTs describing a condition and its treatment. Apps providing advice for healthy

		information on specific conditions or about healthy living.	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 checked="" 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)

Digital Tool is <https://www.brook.org.uk/topics/contraception/>

Professionals can support young people navigate this website alongside the use of their contraception kits as an additional education resource. The site provides choices on contraception and some sexual health services which are regulated by CQC and commissioned by NHS commissioners. Brook do not currently provide a service in Salford

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: Lack of engagement by services/staff working with vulnerable young people
Mitigation: Seek senior management support with key stakeholders for project, provide events with refreshments and tangible resources for those attending (e.g. kits) and use the steering group members (of commissioners and providers) to ensure engagement.
Likelihood: low

Risk: in 12 months the situation with sexual health services does not improve in terms of staff capacity and Monkeypox response.
Mitigation: a further application to a similar fund for the next stage of this project would be the development of an outreach clinic in a box service for this client group. Given this would require a sexual health trained nurse, who are in short supply, this option is being considered and staff are being identified for training in the 12 months.
Likelihood: – Medium

Risk: Initially project could lose momentum after an initial burst of referral and activity.
Mitigation: Steering group to support continued engagement from key stakeholder, and mid project relaunch event to maintain momentum.
Likelihood: Low

Risk: At the project end point consider what is the sustainable approach.
Mitigation: Involve the Public health sexual health commissioner who can incorporate learning from the project to the commissioning across the system.
Likelihood: Medium

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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

Item	cost
FPA Compact contraception display kits (large) x 15 @ £58.74 =	£224.85
FPA Full Contraception display kits x 5 @ £105.96	£529.80
Cost of training session	£2,000.00
Cost of places on training for trainers sessions	£1,500.00
FPA Contraception posters for all youth settings, colleges and training agencies 30 x £14.99	£449.70
FPA Contraception leaflet for young people SEND LDD 20 x £3.99	£79.80
FPA Contraception implant leaflet bundle x 50 @ 9.99 x 2	£19.98
FPA Contraception Booklet Bundle @£19.99 for 10 x 5	£99.95
total	£4,904.08

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

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

The cost benefits of reducing teenage pregnancy. Every £1 invested in contraception saves the NHS £11 plus additional welfare costs, which is a powerful economic argument for maintaining contraceptive services (Teenage Pregnancy Independent Advisory Group accessed at

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/181078/TPIAG-FINAL-REPORT.pdf

In 2018 the overall average cost per abortion in England was £510 and the NHS England spent £96 million on abortion.



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?

Review the interim position in terms of KPIs
Consider specialist sexual health training for specialist nurses.
Monkeypox episode could be less of an initial spike in terms of resources – review position of sexual health services capacity.
Continue with interim pathway or revise.
Steering group will consider learning from evaluation for future commissioning.

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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:

Sensitive Data Items

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

Disability
Vulnerability

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*

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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?

Salford has a range of health and non-clinical professionals engaging with vulnerable young people, from the 0-19 specialist service links with social care (Route 29, Youth Justice and Connect as examples) to youth workers engaging vulnerable groups. The project will seek to improve the skills, knowledge and understanding of the post COVID sexual health system, and its limitations. It will support these professionals in ensuring a clear preventative offer with professionals who have established trusted relationships with vulnerable young people. Robust pathways to sexual health and contraception services will also be developed to improve universal access and reduce inequalities. Protected characteristics data will be collated as part of the outcome measures.

The Youth Service has a strong track record of engaging with young people with protected characteristics, or engaging and working in partnership with groups working with these young people including disabled young people, LGBTQ+ young people, girls and young women and boys work, and work with travellers and the Orthodox Jewish community. This experience will support this work.

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

Improving access to contraception has wider benefits, ensuring young women have control of their fertility and can delay or chose to conceive when they are ready, emotionally and economically.

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SECTION SEVEN: OPERATIONAL DETAILS

25) REGISTERED DETAILS OF BIDDING ORGANISATION/s

Name of Organisation	Registered Address	Organisation Type
Salford Local Authority	Civic Centre, Chorley Road	Local authority
GM ICB – Salford locality	Unity House, Swinton	NHS health Commissioning

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

Please note that funding will only be paid to registered organisations, and not to individuals

Salford City Council – youth service

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

(Please complete all sections)

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

Name	Tim Rumley
Job Title	Senior Youth Work Manager
Organisation	Youth Service – City Council
Email Address	Tim.rumley@salford.gov.uk
Telephone Number	07890526666

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

Name	Diane Kinsella
Job Title	Designated Nurse, Safeguarding Children and Cared for Children (Salford)
Organisation	NHS Greater Manchester Integrated Care
Email Address	diane.kinsella1@nhs.net
Telephone Number	07919 113 802

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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

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