

# Quality Improvement 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 Application Guidance document carefully, complete all sections of this form and provide all of the information requested.** Please ensure that any abbreviations/acronyms are explained at the start of the application; they may then be abbreviated throughout the remainder of the application.

## SUBMISSION DETAILS

<b>SUBMITTED BY</b> <i>(name, role, org.)</i>	Janice Lowndes, Assistant Director
<b>CONTACT NUMBER</b>	07748144230
<b>EMAIL ADDRESS</b>	Janice.lowndes@salford.gov.uk
<b>SUBMITTING ORGANISATION</b>	Salford City Council
<b>SERVICE NAME</b>	Health Improvement Service
<b>DATE SUBMITTED</b>	30 August 2022

*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 have read and followed the Improvement Project Application Guidance document

## SECTION ONE: PROPOSAL OUTLINE

### 1) NAME OF PROPOSED PROJECT

Expanding the Community Led Support Pathway into step-down support

### 2) WHAT IS THE PROJECT RATIONALE?

All the evidence suggests that when people are independent and able to do things for themselves and participate in their community, they will have better health and wellbeing outcomes and improved quality of life.

<https://www.ndti.org.uk/research-and-evaluation/evaluation/community-led-support-evidence-learning>

There are huge pressures on health and social care resources in the city, currently with finite resources to address this. In some cases adults are unnecessarily placed on waiting lists for social care assessment, where they could be more appropriately supported through community led support. Being able to identify these residents quickly and get them the appropriate support means that adults that do require higher levels of formal health and social care support can then be prioritized for this and supported more quickly.

### 3) WHAT IS THE AIM OF YOUR PROJECT?

The aim of the project is to prevent hospital admission, reduce the length of hospital stays, and the need for funded packages of social care by enabling adults to access community led sources of support provided by the Health Improvement Service and partners.

### 4) WHAT QUALITY IMPROVEMENT METHODOLOGY WILL YOU BE FOLLOWING?

We will be using the PDSA (Plan, Do Study, Act) quality improvement methodology. This method is particularly relevant here as the project is concerned with planning relatively small-scale improvements to an existing work process. The methodology allows us to set clear, focused goals about what we are trying to achieve, and to test whether the intervention genuinely does impact upon the change we wish to make, whilst causing as little as possible disruption for adults or workers.

### 5) WHAT ARE YOUR CHANGE IDEAS?

We want to take a preventative approach by moving from a needs-based approach to health and social care, towards a strength-based approach. The focus of this should be to provide people with the appropriate amount of support rather than creating dependency.

Taken from our learning from establishing this model of working with NCA, the service will work in collaboration with the Adult Health Social Care Contact Centre to provide a wellbeing focused



pathway of support for adults who do not necessarily meet the threshold for requiring formal social care.

Workers within the Centre have already been trained to have strengths-based conversations with all adults, in order to avoid adults being put on lengthy waiting lists for what can be unnecessary assessment. In addition to this, the Health Improvement Service staff will be able to steer cultural shift and provide expertise on community led support interventions.

The intention is for Health Improvement staff to be located within the Centre of Contact, and to take direct referrals, this will enable adults to be directly connected to alternative sources of support.

Community Led Support takes a strengths-based approach and is a programme that will ultimately change the culture of health and social care and how we work. Community Led Support is about developing a system that is responsive and proportionate as well as delivering high quality outcomes. It is about connecting residents to their communities, helping them to access the right support at the right time in the right place. The Health Improvement Service is well placed to support this cultural shift to happen as it has an 18-year legacy of collaborative working with communities and partners to enable residents to improve their wellbeing and to draw on the support that exists within communities.

#### **6) HOW WILL YOU KNOW WHETHER YOUR CHANGE/S MAKE AN IMPROVEMENT? (I.E. WHAT IS YOUR MEASUREMENT PLAN?)**

- Reduce waiting times or overall waiting list for social care assessment accessed through the Centre of Contact
- Number of adults diverted from the Contact Centre as recorded through Liquid Logic
- Improved adult satisfaction self-reported and recorded on Liquid Logic
- Collecting adult's experiences will evidentially inform if adults are getting the right support and the right time by the right people in the right place.

#### **7) WORK ALREADY UNDERTAKEN**

In 2021, the Health Improvement Service worked with the NCA to establish two new posts to assist with the development of a step-down, Community Led Support pathway:

- 1) Health Improvement Officer based with the Homefirst Hub. This post holder works closely with Flow Facilitators, Intermediate Care, Falls Team, Social Workers, Ward Managers and Patient Pathway Managers within SRFT to speed up safe discharge for patients who are often experiencing non-clinical, but social or economic barriers to moving home. This role has become well established and embedded within the Homefirst Hub and has been evaluated very positively within the Test of Change reports. NCA has since funded this post permanently.
- 2) Long Covid Clinic Community Led Support. This post has been funded on a part-time basis to provide person-centered, holistic support to patients who have been referred to the Long Covid Clinic. The postholder attends the regular MDT and carry's a caseload of referrals who require non-clinical, social support.



This proposal seeks to build on the learning and success of these initiatives by extending the provision into the Adult Health Social Care Contact Centre, where the implementation of Community Led Support is currently underway.

### 8) FURTHER INFORMATION

Once the programme is established further work will be conducted to sign post adults who do not require adult social care away from the Adult Health and Social Care Contact Centre and support adults within their own neighborhoods in the community hubs.

This work will contribute to the development of the new Adult Health & Social Care Prevention Strategy as outlined in the CQC Standards.

### 9) FINDINGS AND DISSEMINATION

The findings from this project will be shared directly with the:

- Community Led Support Steering Group via an evaluation report to inform and influence future practice in the development of new delivery models
- Health & Wellbeing Board via the evaluation report to inform and influence future practice in the development of new delivery models
- Primary Care Networks - provide outcome of the evaluation to consider the methodology and findings when developing their delivery plans
- GM Health Locality Board - provide evaluation report to inform and influence future practice in the development of new delivery models
- Provider Collaborative Board - this will be shared in the form of an evaluation report to inform and influence future practice in the development of new delivery models.
- Integrated Adult Health and Care Joint Committee via evaluation to assist in future commissioning decisions

### 10) IMPLEMENTATION

Do you have your organisation's support to enable recommendations from this work to be taken forward?

Yes

If **YES**, provide details below:

Yes, this is a core priority area of work within the Salford City Council Innovate Programme, a priority in the Salford Locality Plan and a key priority in NCA Population Health Strategy.

### 11) WHICH CITIZENS / PATIENTS / COMMUNITIES / VULNERABLE GROUPS WITHIN SALFORD WILL SEE A BENEFIT OF THIS PROPOSAL?



Group/s	What benefit/s will be realised for this particular group?
Older People	More timely, person-centered and holistic support with a preventative, strengths-based focus that seeks to help residents to retain their independence within their own homes
People with physical or sensory disabilities	More timely, person-centered and holistic support with a preventative, strengths-based focus that seeks to help residents to retain their independence
People with mental health/ substance and alcohol related conditions	More timely, person-centered and holistic support with a preventative, strengths-based focus that seeks to help residents to retain their independence. Working closely with Achieve and the substance and alcohol community worker to provide assistance and low level interventions and support.

[Form Continues on Next Page](#)





## SECTION TWO: ALIGNMENT WITH SALFORD LOCALITY PRIORITIES

### 12) WHICH PRIORITY AREA DOES YOUR PROPOSAL ALIGN TO?

(The 2022/23 Innovation and Improvement priorities are summarised below. (Please tick the **ONE** 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 checked="" type="checkbox"/>	Workforce Transformation
<input type="checkbox"/>	Sexual Health
<input type="checkbox"/>	Frailty and ageing
<input type="checkbox"/>	Screening
<input type="checkbox"/>	Tackling vaccine / immunisation hesitancy

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

<b>NONE / OTHER</b>	<input type="checkbox"/>	Please select this option if your proposal does not clearly align to any of the above topics, but you believe it addresses a current un-met need
---------------------	--------------------------	--

### 13) WHICH OF OUR CORE INNOVATION PRINCIPLE/S DO YOU BELIEVE YOUR PROPOSAL EVIDENCES?

(Please tick all that apply)

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





## SECTION THREE: PROJECT DELIVERY

### 14) PROJECT TIMESCALES

*(What is the proposed length of your project? Please tick the ONE relevant box below)*

<input type="checkbox"/>	3 Month (e.g. 90 day improvement cycles)
<input type="checkbox"/>	6 Months
<input checked="" type="checkbox"/>	12 Months

### 15) HOW IS THE PROJECT GOING TO BE MANAGED?

- The project will be jointly managed through the Health Improvement Service Central Management Structure and the Adult Health Social Care Centre of Contact
- Project management will be provided through existing resources within the Health Improvement Service.
- There will be additional staff recruited to deliver the project including a Project Officer 1 x WTE, and 1 x WTE Health Improvement Worker. The service will draw on the expertise of the wider workforce within Health Improvement and the wider adult services in the Council.

### 16) 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.*

### 17) WILL YOUR PROPOSED PROJECT ACTIVITY REQUIRE ACCESS TO, CHANGES TO, OR INTEGRATION WITH, EXISTING IT INFRASTRUCTURE OR 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 establish these 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?** Liquid Logic

**B) What changes / integrations are required, and the timescales needed for this?**  
Access to LAS - a new work tray created to enable referrals to go straight to the HIT workers

**C) Who owns or manages this system / infrastructure?** Salford City Council/NCA networks

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

A Rubix request has been raised and a case will be presented to heads of service on 15<sup>th</sup> August. Health Improvement do already have some access and permissions and so this will be and add on.

#### **18) WHAT RISKS HAVE YOU IDENTIFIED, AND HOW WILL YOU MITIGATE THEM?**

1. There is a risk in the service being able to establish the new scheme quickly, including recruiting experienced and skilled staff.  
Mitigation: The service can utilize existing skilled and experienced staff and is then able to use the funding to backfill these posts to prevent any disruption to running of the Health Improvement Service or the project.
2. There is a risk that there is not sufficient capacity within the Health Improvement Service to accommodate the number of referrals.  
Mitigation: The service and the Adult Health Social Care Contact Centre will set parameters and criteria around the initial referral numbers. This will be reviewed on a weekly basis by the management teams.
3. There is a risk that there may be a lack of community resources within some adults local communities.  
Mitigation: This can be mitigated utilising the Health Improvement Service's community development staff who currently work with residents to establish new community led interventions.
4. There is a risk the IT system permissions will not be granted  
Mitigation: this is not essential for the work to begin as referrals can be made via email and phone calls and a separate reporting system established.



---

**Form Continues on Next Page**

---



## SECTION FOUR: BUDGET & FINANCE

### 19) 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*

**£83,810**

*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*

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

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

Staffing:	
1 WTE Project Officer	£42,192
1 WTE Health Improvement Workers	£31,399
Resources, printing and translation	£6,000
Evaluation	
0.1 WTE Research Officer	£4,219
<b>Total</b>	<b>£83,810</b>

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

The 2017 NDTi evaluation of Community Led Support programmes found that for every £1 spent in the first year there was a return of £2.22 as a result of smaller waiting lists, fewer assessments undertaken, and fewer referrals for paid social care packages.

[https://www.ndti.org.uk/assets/files/What\\_Works\\_in\\_Community\\_Led\\_Support\\_First\\_Evaluation\\_Report\\_Dec\\_17.pdf](https://www.ndti.org.uk/assets/files/What_Works_in_Community_Led_Support_First_Evaluation_Report_Dec_17.pdf)

Based on reductions in the costs of support for new people entering the social care system, Community Led Support was found to create significant cost avoidance resulting from changes to local systems.

[https://www.improvementservice.org.uk/\\_data/assets/pdf\\_file/0015/11535/CS-NDTI-ASC-CommunityLedSupport.pdf](https://www.improvementservice.org.uk/_data/assets/pdf_file/0015/11535/CS-NDTI-ASC-CommunityLedSupport.pdf)

### 22) WHAT COMES NEXT AFTER THIS QUALITY IMPROVEMENT PROJECT?





**HOW WILL YOU ENSURE THAT THE LEARNING FROM THE PROJECT OR ITS RESULTS ARE SUSTAINABLE AFTER THE FUNDING PERIOD HAS ENDED?**

If effective, the Health Improvement Service and the Adult Health Social Care Contact Centre can continue to deliver this delivery model to provide a step-down pathway for Community Led Support. This is partially sustainable within the current commissioned service. Additional investment will be sought, if necessary, through an 'invest to save' approach through Council Innovate Scheme.

Health and Social Care teams have always had access to all the wider Health Improvement Neighbourhood Teams programme, this is an enhancement to this offer, which once embedded within the staffing groups could continue to be delivered.

The Community Development team within the Health Improvement Service also has the added benefit of being able to work with small groups of residents to establish new, community led initiatives that over time become self-sustaining.

---

[Form Continues on Next Page](#)

---





**SECTION FIVE: DATA PRIVACY IMPACT ASSESSMENT**

**23) 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:

**The service already collects this data about its clients, no new or additional data collection would be required for this project.**

Sensitive Data Items

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

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

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

**Form Continues on Next Page**





**SECTION SIX: EQUALITY, DIVERSITY AND INCLUSION**

**24) 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 |   |

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

We would utilize the Equality Impact Assessment framework in the development of the operational project plan. This will ensure that our project does not have a disproportionate impact upon any protected groups. This will also help us to identify that if the project or the outcomes of the project have any disproportionate impacts, how these can be eliminated, reduced, or mitigated.

The nature of the project would require us to actively reach out to the most underserved communities, as this is where we seek to support residents with the least financial and social resources where the highest rates of poor health exist.

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

There are additional social value outcomes associated with the delivery of this project:

Research highlights the health and wellbeing benefits for residents to who are engaged and involved in making decision about their local community or services. The person-centred, strength-based methods used will not only help to improve outcomes but will also have the added benefit of supporting residents to feel engaged and listened to with a greater sense of belongingness in their community.

<https://www.ndti.org.uk/research-and-evaluation/evaluation/community-led-support-evidence-learning>

<https://www.scie.org.uk/prevention/research-practice/getdetailedresultbyid?id=a110f00000RCyj7AAD>

Research has found that Community Led Support resulted in better experiences and outcomes for local people, improved access to services; greater efficiencies in services; reduced waiting times and lists; increased signposting and resolution through community services; improvement in staff morale; and a potential for cost savings



---

**Form Continues on Next Page**

---



## SECTION SEVEN: OPERATIONAL DETAILS

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

Name of Organisation	Registered Address	Organisation Type
Salford City Council	Civic Centre, Chorley Road, Swinton, M27 4DA	Local Authority

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

Salford City Council

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

*(Please complete all sections)*

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

Name	Janice Lowndes
Job Title	Assistant Director People and Communities
Organisation	Salford City Council
Email Address	Janice.lowndes@salford.gov.uk
Telephone Number	07748144230

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

Name	Angela Eden
Job Title	Health Improvement Service Manager
Organisation	Salford City Council
Email Address	Angela.eden@salford.gov.uk
Telephone Number	07799115451

**Form Continues on Next Page**



## SECTION EIGHT: APPLICANT AGREEMENT

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

*Applicants must tick the box below to indicate that they agree to the condition*

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

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

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

#### End of Application

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

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

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

## MAILING LIST

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

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

[Janice.lowndes@salford.gov.uk](mailto:Janice.lowndes@salford.gov.uk)  
[Angela.eden@salford.gov.uk](mailto:Angela.eden@salford.gov.uk)  
[Foyzul.gani@salford.gov.uk](mailto:Foyzul.gani@salford.gov.uk)  
[Mark.Albiston@nca.nhs.uk](mailto:Mark.Albiston@nca.nhs.uk)  
[Paula.gray@nca.nhs.uk](mailto:Paula.gray@nca.nhs.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](mailto:innovation.salfordccg@nhs.net)*

