

# Award application form

Click on any of the headings to start your form. Once you have completed all mandatory questions within a section and moved to the next, you will see a tick appear on the section tab.

You can save and return to complete the form at any time by going to [AIMS.health.org.uk](https://aims.health.org.uk) and logging in.

Once you have completed all sections you can submit the form by clicking on "Save and Exit" and then "Yes, submit entire form now." We recommend you print or save a copy of the form before submitting it.

## 1. Contact Information

Please read the **AIMS user guide** before completing this application form.

Please note submitting an application does not guarantee funding.

1.1 Application information	
AIMS ID:	1353071
Programme:	Award
Call:	Taking action on the social determinants of health

1.2 Organisation	
<p>Please provide the name and address of the body that would administer any award, including charity and company numbers if applicable.</p> <p>These details are pulled from the Contacts tab. If you need to amend these, save the form and then hover over the 'Contacts' tab underneath the Health Foundation logo. Select the 'Edit my details' tab and edit as required.</p>	
Organisation name:	Public Health Wales
Type of organisation:	NHS Trust
Organisation description: 1110 character limit (approximately 200 words).	<p>Public Health Wales is the national public health agency in Wales and exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales. We are part of the NHS and report to the Cabinet Secretary for Health, Wellbeing and Sport in the Welsh Government.</p> <p>Our vision is for a healthier, happier and fairer Wales.</p> <p>We provide advice, expertise and specialist services to Welsh Government, the seven health boards, two NHS Trusts, 22 local authorities, other agencies and to the population of Wales.</p> <p>We provide the public health knowledge, scientific expertise and intelligence to lead transformational change and to ensure that we deliver tangible improvements in health and wellbeing outcomes in Wales.</p> <p>Working nationally and locally, PHW and the ABM Public Health Team (Matrix House, Swansea) have access to both policy levers and local delivery systems by working closely with our partners.</p> <p>Our newly-launched Long-Term Strategy identifies 'Influencing the Wider Determinants of Health' as one of our top seven priorities 2018-2030</p>
Address line 1:	Public Health Wales
Address line 2:	2 Capital Quarter
Address line 3:	Tyndall Street
Address line 4:	Cardiff
Postcode:	CF10 4BZ
Country:	<input type="checkbox"/> England

- Northern Ireland
- Scotland
- Wales
- International
- UK-wide

Please tick box if registered address is different than above.

### 1.3 Primary Contact

Provide details of the primary contact. These are the details of the person we will contact regarding the administration of the application e.g. to arrange interview.

These details are pulled from the Contacts tab. If you need to amend these, save the form and then hover over the 'Contacts' tab underneath the Health Foundation logo. Select the 'Edit my details' tab and edit as required.

<b>Full name:</b>	Nina Williams
<b>Email:</b>	nina.williams@wales.nhs.uk
<b>Telephone:</b>	01792 940910
<b>Job Title:</b>	Consultant in Public Health Medicine
<b>Organisation Name:</b>	Public Health Wales

## 2. Project information

Please read the **AIMS user guide** before completing this application form.

Please note submitting an application does not guarantee funding.

### 2.1 Project Title.

275 character limit (approximately 50 words).

Better Together: improving the health of older people in Swansea through taking action on social isolation and loneliness and strengthening local communities

### 2.2 Aims

What are the overall aims of the project?

This section does not have a character / word limit, but, we do ask that answers are not more than 3,000 words.

Our proposed project, Better Together, is a collaborative project led by Public Health Wales in partnership with the national wellbeing charity Action For Elders and the Swansea-based Bay Health GP Cluster Network.

The project has three key aims:

1. To evaluate measurable improvements in the health and wellbeing of older people through taking practical action to address social isolation and loneliness and strengthen local communities. Evidence from the Health Foundation and others identifies 'Families, friends and communities' as a key social determinant of health. We will use evidenced-based approaches and co-design with beneficiaries to support lonely and isolated older people to build new friendships and social networks - through activities, which could include social eating, group discussions, and commensal activities such as arts and crafts, music, community walks, visits and movement - and assess the impact on improved health and wellbeing.
2. To co-create a blueprint for an approach which can be tailored to local communities and potentially scaled UK-wide to address health problems and inequalities faced by older people. We will maximise opportunities to disseminate lessons learned, both within our own organisations and also with a wider audience of health and social care practitioners across Wales and the UK. Key opportunities to influence policy and practice include:
  - The updated Marmot Review, due to be published in 2020
  - The Welsh Government's strategy to address social isolation and loneliness, due to be published in 2018/19
3. To fill a gap in local community provision by co-designing a new programme for older people living in Swansea Bay, which can be sustained after initial seed funding has ended. Primary care practitioners and local health networks will identify older people who are lonely and socially isolated and refer them to Action for Elders, who will co-ordinate weekly Better Together groups in two Swansea communities. Key to sustainability will be the recruitment and training of volunteer Better Together Champions, local people who will engage and support lonely and isolated older people outside of the weekly groups.

Our project addresses the 'communities' theme set out in the programme guidance for this fund, focusing on families, friends and communities as the route to better health.

### 2.3 Background

How do you know there is a need for your project? What evidence do you have that a problem exists?

This section does not have a character / word limit, but, we do ask that answers are not more than 3,000 words.

Our evidence of need comes from:

a) Challenges presented by an ageing population

Wales is facing challenging times over the coming years. A key global challenge is the one presented by an ageing population, connected to which is the rise in prevalence of long term conditions, and an increase in the number of years people live in poor health.

Wales has a higher percentage of older people within its population than any other part of the UK (National Assembly for Wales Inquiry into Loneliness and Social Isolation, 2017).

This challenge is also an opportunity, and one which Public Health Wales and its partners are tackling through collective efforts to improve health and wellbeing in Wales.

b) Prevalence of social isolation and loneliness

In shaping the concept for Better Together, we drew on our major public opinion survey, Stay Well in Wales (2016), which identified social isolation and loneliness as:

- The sixth most important factor affecting health and wellbeing
- The top public health issue which requires the most work by public services.

The Report 'Trapped in a Bubble' (British Red Cross/Co-op) states that 18% of people in the UK feel lonely 'always or often' - the equivalent of almost 458,000 people in Wales. Data from the Cognitive Function and Ageing Study - Wales found that 25.3% of older people in Wales reported being lonely and 26.9% socially isolated.

This is supported by local evidence in Swansea. Dr Kirstie Truman, Lead GP for the Bay Health GP Cluster Network, says: 'We have noticed an increase in recent years of older patients coming into our surgeries for what might be termed social issues; often, they are chronically lonely and they want someone to speak to. One patient told me that her consultation with me was the longest conversation she had in a month.'

18 months ago, the Bay Health GP Cluster Network decided to take action and commissioned the charity Action for Elders to deliver its Balanced Lives programme - a holistic weekly programme delivered in communities and designed to improve physical, social and mental wellbeing - in Swansea Bay. The programme is making a significant difference locally. It combines:

- Physical movement and exercise

- Preventative health interventions through monitoring of vital signs (weight, blood pressure, heart rate)
  - Social activity, from facilitated group discussions to celebration of birthdays.
- Better Together will build on the success of Balanced Lives and focus on social activity as a route to better health.

#### c) Impact of social isolation and loneliness on health

There is significant evidence to link social isolation and loneliness with poor health. This includes:

- 15% of older people experience 'severe loneliness' (Victor 2015)
- Socioeconomic factors, such as poverty and poor housing, increase the risks of becoming socially isolated in older age (Daly and Allen 2016)
- Older people with weak social ties have a 50% greater risk of mortality (Daly and Allen 2016)
- Social engagement in later life is protective against the onset of dementia and poor mental health (Dale and Allen 2016)
- Lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day (Holt-Lunstad 2015)
- One of the most effective ways of improving someone's quality of life is combating social isolation (Bury and Holme).

The Health Foundation's report on the social determinants of health, 'What makes us healthy?', underlines the importance of families, friends and communities in influencing health outcomes. Key points are:

- Social isolation and loneliness are associated with a 30% increase in stroke and heart disease
- People who are more socially connected to family, friends or their community are happier and live longer, healthier lives with fewer physical and mental health problems
- Happy and positive friendships and feeling part of community life protects people from the damaging effects of social isolation and provides people with opportunities to develop healthy habits.

#### d) Evidence about effective approaches

We have undertaken extensive research into the best evidence about tackling loneliness and social isolation, which informs our work. This shows that the most effective interventions to tackle loneliness and social isolation are ones which:

- Have a theoretical basis: Reviews of interventions for social isolation and loneliness in older people have consistently emphasised that programmes are more likely to be effective if they are theoretically grounded and based on prior research (Cattan M, White M, Bond J, Learchmouth A, 2005) (Dickens, AP, et al, 2011)
- Offer support in a group format: It has also been suggested that group interventions are more effective than one-to-one support. For example, a review in 2011 found that whilst 79% of group-based interventions reported at least one improved participant outcome, only 55% of one-to-one services reported the same effects (Dickens, AP, et al, 2011)
- Involve older people as active participants in planning, development and delivery: It has been repeatedly emphasised that the best interventions involve older people in the planning and evaluation of the services they are receiving (Cattan, M) (Dickens, AP, et al, 2011) (Windle K, et al 2011)
- Tailor interventions to target group: research has also suggested that interventions that are tailored towards certain target groups are more effective (Cattan, M et al, 2005)
- Improve self-esteem and personal control: a review concluded that most effective interventions for long-term results were those which had elements focusing on enhancing self-esteem and personal control (Cattan, M et al, 2005).

Better Together incorporates all these elements, and draws on the practical experience of Action for Elders in delivering similar projects. Case studies from Action for Elders' work show the effectiveness of community-based approaches for improving health and wellbeing. Iris is a member of one of Action for Elders' Balanced Lives groups in South Wales. Iris had been in an abusive marriage for 50 years. When her violent husband died, Iris felt mixed feelings, as the unhappiness she'd felt during her marriage was replaced with loneliness. Iris says: "My flat had a view of a brick wall, and the only person I saw from week to week was the postman." When she moved to an extra care scheme, Iris joined the Balanced Lives programme and life changed dramatically for her. She says, "When I joined the group, I couldn't move my shoulder which limited what I could do. Now I can move my shoulder and have far less pain - but more importantly, I have so many friends. I've had the chance of a fresh start, which I'm grabbing with both hands, and taking part in every activity this community has to offer!"

An independent evaluation of the Balanced Lives programme by NHS Consultants WPCS identified a 16% increase in social interaction post-programme, compared to pre-programme assessment. It highlighted the value of volunteers in supporting social interaction.

#### e) The need in Swansea Bay

Swansea Bay is an ideal testbed. The Bay Health Cluster Action Plan 2017-2020 highlights the area's large population of older people requiring community-based care for multiple and complex ailments. One fifth of people registered in the Bay Network Cluster are aged 65+ (21.8%); the fourth highest proportion of patients aged 65+ of all networks within ABMU Health Board area. One tenth of patients registered in the Bay network cluster are aged 75 + years (10.9%). Key areas highlighted in the plan are the need to address social isolation and loneliness and to develop anticipatory care plans for older people.

The regional population needs assessment shows that among people aged 65 and over in Western Bay, by 2020:

- 41.2% will be unable to manage at least one domestic task on their own
- 45.3% will be living alone
- There will be a 17.5% increase in care home admissions due to falls.

## 2.4 Activities or methods

Please describe your project methodology.

**This section does not have a character / word limit, but, we do ask that answers are not more than 3,000 words.**

'Better Together' will be a new and innovative project aimed at improving the health of older people by tackling one of the key social determinants of poor health: social connections within communities.

Steered by Public Health Wales and building on the strong partnership which Action for Elders and Bay Health GP Cluster Network has developed over the past two years, we will design and deliver a small-scale test and learn project to evaluate the impact of community-based group social activity on improving the health of older people in Swansea Bay.

Co-ordinated by a Community Ambassador, we will work with older people within two communities of Swansea Bay - an area which has a higher than average older population and pockets of high socioeconomic deprivation - to deliver weekly groups focused on building friendship and tackling isolation and loneliness.

There will be five key phases:

1. **DISCOVERY:** at project start, we will hold focus groups with lonely and isolated older people living within the two communities to understand their needs and to co-design an approach which meets these needs.
2. **ENGAGE:** we will brief GPs and other primary health practitioners about the project and through the Community Ambassador we will introduce a

referral system to identify older people most in need of our support. The Community Ambassador will also raise awareness of the project with other local networks and encourage self-referral among older people. Better Together volunteer Champions will be critical to engaging older people and supporting them to join the programme.

3. SUPPORT: we will run weekly 'Better Together' groups in two locations, each led by a Social Host - and supported by our Better Together Champions - who will deliver activities based on older people's needs identified during the co-design. Based on experience, we expect these activities might include:

- a. Group discussions
- b. Social eating
- c. Commensal activities such as music and crafts
- d. Health information and health literacy
- e. Digital inclusion for health (e.g. using health websites)

4. EVALUATE: from project start, we will design and deliver a mixed-method evaluation which assesses the impact on individual health and community wellbeing.

5. SHARE: we will build on our existing networks - particularly the reach and scale of Public Health Wales - and working in close collaboration with the Health Network to share our findings widely. We will also encourage older people involved in the project to share their journeys of change through case studies and digital storytelling. Towards project end, Public Health Wales will develop a Playbook - a reference guide - to capture lessons learned from the project and help others to replicate and scale the model.

Key to the success and sustainability of the model will be:

- A process of co-design with the participants who will benefit: we all believe that projects are better when designed with, not for, the people who will benefit
- The recruitment and training of Better Together Champions, who will help to engage and support lonely and isolated older people.

This builds on successful approaches seen in the WHO Healthy Cities network - Swansea is a designated city - the Marmot evidence, Frome, and Wigan Council. One of the most successful models of community engagement is seen in Wigan, where a deal was made between the council and residents to incentivise change in return for freezing council tax, like more recycling; and community involvement through volunteering. This resulted in having a different conversation with the public, building services around families and better connected public services. Wigan's "Health Movement for Change" currently includes: 1350 Health Champions, 495 Heart champions, 856 Cancer Champions, 10,000 +Dementia Friends, and 200+ Young Health Champions. Public Health Wales is interesting in adopting a similar approach across Wales and ABM local public health team has already begun developing plans in the Swansea area. Better Together could help to be a testbed for this.

It also builds on a model which Action for Elders and Bay Health GP Cluster Network are currently testing in Swansea Bay, whereby eight community members will volunteer as Health 'Activators'. Located in GP surgeries within the Bay, they are supporting older patients to develop personal responsibility for their health by working with them to develop health action plans.

## 2.5 Timetable / Project plan

What are the major milestones for the project and how will progress be monitored?

This section does not have a character / word limit, but, we do ask that answers are not more than 3,000 words.

Post grant award and before project start:

- Consortium agreement to be signed between project partners setting out clear responsibilities

Month 1:

- Development of detailed project plan
- Recruitment of Action for Elders Social Host
- Recruitment Action for Elders Community Ambassador
- Project Steering Group set up and calendar of meetings scheduled

Months 2-5:

- Three co-design workshops to establish in-depth community needs and selection of two community locations
- Securing of community venues for weekly Better Together Groups
- Appointment of Social Host and Community Ambassador
- Recruitment of Better Together volunteer Champions
- Development of training programme for volunteer Champions
- Design evaluation framework and Theory of Change, using analysis from co-design workshops
- Project Steering Group meetings in line with schedule
- Briefing materials developed for local community partners including primary care practitioners
- Briefing of local referral partners including primary care practitioners

Months 6-17:

- Weekly Better Together groups held in two locations
- Training and placement of volunteer Champions
- Development of health literacy resources based on social isolation/loneliness needs (using analysis from co-design workshops)
- Local sustainability plan designed and implemented
- Evaluation framework implemented with regular monitoring
- Project dissemination plan developed and implemented

Month 18

- Evaluation report published and widely disseminated

**Project plan**

If required, please upload a project plan below.

Add file attachment: eg plan / Gantt chart

Please select 'Save' or 'Save & Continue' to ensure that the file is attached correctly. This can be found at the bottom of the page.

## 2.6 Project duration

Please enter duration in months.

18

## 2.7 Please select the area in which your project will have most impact.

If your project is based in England, an additional drop down of regional options will appear.

Please select;

- Eastern for Bedfordshire, Hertfordshire, Essex, Cambridgeshire, Norfolk, Suffolk
- London for all London boroughs including Richmond, Kingston, Sutton, Bromley and Bexley
- South East for Buckinghamshire, Oxfordshire, Berkshire, Hampshire, Isle of Wight, Sussex, Surrey, Kent

Country:

- England
- Northern Ireland
- Scotland
- Wales
- International
- UK-wide

## 2.8 Please select the areas in which your project will have additional impact.

If your project is based in England, an additional drop down of regional options will appear.

Please select;

- Eastern for Bedfordshire, Hertfordshire, Essex, Cambridgeshire, Norfolk, Suffolk
- London for all London boroughs including Richmond, Kingston, Sutton, Bromley and Bexley
- South East for Buckinghamshire, Oxfordshire, Berkshire, Hampshire, Isle of Wight, Sussex, Surrey, Kent

Country:

- England
- Northern Ireland
- Scotland
- Wales
- International
- UK-wide

## 2.9 Staffing and organisation

Who are the key personnel and how will work be assigned to different members of the project team? If personnel will be recruited as part of the project, please advise on the roles you will be seeking to fill.

This section does not have a character / word limit, but, we do ask that answers are not more than 3,000 words.

Public Health Wales is the UK Public Health Network member and will be the lead organisation in a lead body consortium to deliver this project. Roles and responsibilities will be as follows:

The Public Health Wales local team - the ABM Local Public Health Team:

- Overall project governance, with responsibility for chairing the project steering groups, monitoring and reporting
- Design and deliver 3 co-design workshops with older people and stakeholder organisations within the Swansea Bay area, and analyse findings
- Train 8 Better Together volunteer Champions, in partnership with Action for Elders and Bay Health GP Cluster Network
- Design evaluation framework and Theory of Change and train Champions and Social Hosts to collect monitoring information
- Write up final evaluation report
- Develop health literacy module on tackling social isolation and loneliness
- Develop Better Together Playbook with input from Action for Elders
- Disseminate evaluation report and Playbook widely

Action for Elders:

- Recruit and manage Social Host/s (sessional worker) to run weekly Better Together groups in two Swansea Bay Communities
- Recruit 8 Better Together volunteer Champions, in partnership with Action for Elders and Bay Health GP Cluster Network
- Recruit and manage a Community Ambassador (freelance) to supervise volunteer Champions and be responsible for liaison with local partners to delivery weekly groups
- Be responsible for collating monitoring information
- Design briefing materials for primary care practitioners and local partners
- Brief local partners (through Community Ambassador and Champions)

- Contribute to project planning and Project Steering Groups as required

#### Bay Health GP Cluster Network

- Support training of Champions
- Host Champions in GP surgeries within Bay Cluster to develop referrals.
- Identify older people at risk and refer into project

Mechanisms to ensure strong partnership working will include:

- Consortium agreement: legally binding lead body consortium agreement to be developed and signed after grant award and before project start, together with high level milestones
- Detailed project plan to be developed at project start, detailing project milestones and leads
- Project Steering Group to be set up at project start and regular schedule of meetings agreed
- 1:1 meetings and visits to ensure project progress.

Each organisation will appoint a project lead who will be the key accountable person within each project and will represent the partner on the Steering Group.

## 2.10 Project risks

**What are the key project risks and how will you manage these?**

**This section does not have a character / word limit, but, we do ask that answers are not more than 500 words.**

Key risks are:

1. Delays in recruitment of team (Impact low, likelihood low): all partners have experienced personnel in place who could take on additional responsibilities in the unlikely event of any delay. We have also built in time at project start to allow sufficient time for recruitment of the team.
2. Difficulties recruiting volunteers (Impact medium, likelihood low): Action for Elders has recently recruited volunteers in Swansea Bay and can share lessons with Public Health Wales.
3. Project budget is under- or over-spent (Impact medium, likelihood low): all three partners are experienced in delivering major projects within budget. Budget will be a standing item at each Project Steering Group to ensure budget is on track and any variances will be raised with Health Foundation to ensure the grant is spent to maximum effect.
4. Lack of interest in weekly groups from project participants (Impact medium, likelihood low): we have allowed a relatively long lead-in time before the weekly groups start to ensure local referral partners can be briefed and a waiting list established ready for project start. The Better Together Champions will also play a key role in referral.
5. Project outcomes do not show anticipated improvements: (Impact low, likelihood low): given the partners' track record in delivering similar programmes - particularly through Action for Elders - we expect to see significant improvements in health and wellbeing. However, this is a test and learn project and we therefore expect feedback from participants to show continuous improvements which can be made to the model.
6. Project partnership does not prove effective: (Impact high, likelihood low): Action for Elders and Bay Health GP Cluster Network already work together very effectively, as do Bay Health GP Cluster Network and Public Health Wales. We are confident from our initial meetings that we will work together productively. However, we will mitigate this risk through a Consortium Agreement which sets out clearly partner roles, responsibilities and budget and sets out a course of action in the unlikely event of difficulties which are not easily resolved. We will also mitigate the risk through a clear Project Plan, and regular Project Steering Group meetings which will monitor progress against project milestones.

**Upload a project risk register here:**

## 2.11 Expected outcomes

**Describe the anticipated results of the project and also any outputs such as publications, educational material or patient information. How would you describe success?**

**This section does not have a character / word limit, but, we do ask that answers are not more than 1,000 words.**

### 1. Outcomes

We anticipate the following outcomes through the programme:

1. Improved social wellbeing, through:
  - Increased friendships
  - Reduced social isolation
  - Reduced loneliness
  - A stronger sense of community
  - Openness to discussing problems
  - A sense of value to society
2. Improved mental wellbeing, through:
  - Increased confidence
  - Better resilience/ability to deal with problems
  - A more positive attitude
  - A greater sense of self-worth
3. Improved physical wellbeing, through:

- Increased strength
- Increased balance
- Improved mobility
- Increased control over own healthcare

We will develop and implement a Theory of Change – using feedback and analysis from our co-design workshops - and a monitoring framework which includes a range of indicators against the physical, mental and social wellbeing outcomes, which we will measure through:

- Self-assessment by group participants (baseline, then monthly questionnaire)
- Assessments by Social Host/Better Together volunteers (e.g. 'up and go' tests), and assessment of progress against individual action plans (baseline, then monthly)
- Metrics (e.g. number of falls in past month, number of visits to GP, number of medications taken) (baseline, then monthly)

Our monitoring framework will be against national comparators and best practice guidance (e.g. Public Health Wales; ONS Wellbeing Survey; Warwick-Edinburgh Mental Wellbeing Scale) to allow wider comparisons of programme effectiveness to be made.

We will also capture monitoring information about numbers of beneficiaries and their demographics and develop case studies which capture qualitative information about the impact of the programme.

We will agree our reporting schedule with the Health Foundation. At the end of the project, we will develop a final report which will be used to inform health and social care practice.

#### Outputs:

- Number of older people involved in co-design workshops: 90
- Number of older participants in weekly Better Together groups: 55
- Number of Better Together Champions recruited and trained: 8
- 1 Healthy Literacy module on combatting social isolation and loneliness
- 1 evaluation disseminated

We will describe success as achievement of the aims set out in section 2.1:

- We have evaluated measurable improvements in the health and wellbeing of older people through practical action to address social isolation, loneliness, and to strengthen communities
- We have co-created a blueprint for an approach which can be tailored to local communities and potentially scaled UK-wide to address health problems and inequalities faced by older people, codified through our Playbook
- We have met local community needs in Swansea Bay and developed a sustainable approach i.e. this is about more than a short-term research project. Having met local demand, we have a responsibility for continuing this support longer-term.

## 2.12 Dissemination

### What are your plans for disseminating results and learning? How will learning be embedded?

**This section does not have a character / word limit, but, we do ask that answers are not more than 3,000 words.**

Loneliness and social isolation are issues of significant public interest, brought into the public spotlight following the death of Jo Cox MP and the subsequent commission set up in her name. In Wales, the Minister for Social Care, Huw Irranca-Davies, has said: "Tackling loneliness and isolation is a national priority."

The health and social sector is therefore receptive to - and indeed hungry for - new solutions to addressing social isolation and loneliness, particularly where there are evidenced health benefits.

There are opportunities for the Better Together project to influence policy and strategy: Public Health Wales will use its influential platform to disseminate findings which are relevant to regional, pan-Wales and UK-wide policy and strategy, including the updated Marmot Review and the Welsh Government's strategy to tackle loneliness and social isolation.

It is critical that the model we create is scalable, which is why co-design and volunteer Champions are critical to our project design.

Activities we will deliver to disseminate results and learning include:

- Social media: we will use Public Health Wales and partners' social media channels to communicate regularly about project progress
- Speaking engagements: partners speak regularly at our own and partner events and will use these platforms to share lessons
- Press and PR: as the powerful stories of change we anticipate emerge, we will use our press contacts to shine a light on our success stories
- Newsletters and websites: particularly as we come to the project end and disseminate our key outputs - the project report and Playbook - we will use our significant reach to share project lessons and encourage scaling up through our e-newsletters and websites
- Event: we will hold an end of project event, and invite influential stakeholders including local MPs to learn about the project.

Throughout the project, we will encourage digital storytelling and support older people to capture the impact on their lives in their own words, to inspire others to participate and to build connections with our work across sectors.

### 3. Financial Information

Please read the **AIMS user guide** before completing this application form.

Please note submitting an application does not guarantee funding.

#### 3.1 Total cost

What is the total cost of your project?

Total cost:	GBP 74,210.00
-------------	---------------

#### 3.2 Total amount of funding requested

How much funding are you requesting from the Health Foundation?

Total funding requested:	GBP 59,210.00
--------------------------	---------------

#### 3.3 Other funding

Have you approached anyone else for funding? If so please provide details.

**This section does not have a character / word limit, but, we do ask that answers are not more than 1,000 words.**

The project will be supported by in-kind contributions from Public Health Wales and Bay Health Cluster GP Network for time for project steering and governance and development of evaluation framework, amounting to a match contribution of around £15,000.

The project will also attract significant in-kind support through the use of Better Together volunteers, contributing significant added value to the project.

### 3.4 Detailed budget

Please complete the attached budget form, with details of how much you are requesting for the following:

#### A Staff costs

Please give the name of the postholder (if known), their total salary plus on-costs, the percentage of time allocated to the project and the number of months they will work on the project for each member of staff to be funded for each year of duration of the project. For clarity, salary and on-costs relates to gross salary (i.e. before tax) plus National Insurance plus employer's pension only. The totals will then automatically calculate based on data entered.

The number and level of staff requested should be appropriate to the work proposed. Where funds are being used to fund or part-fund an individual's salary over more than one year, the amount of increase we will pay will be capped at the level of RPI for the latest month within the period of application window for which RPI figures will become available in time to submit an application.

#### B Subcontracting costs

Please give the name of the subcontractor (if known), their day rate, the number of days they will work on the project for each year of duration of the project. If VAT is chargeable, please make sure this is included in the budgeted amount. The totals will then automatically calculate based on the data entered.

#### C Running costs

The Foundation will fund reasonable running cost such as consumables, data analysis, computing costs, essential administration and office expenses directly related to this project. All such costs must be directly related to this project. Please note we do not fund overhead costs.

#### D Travel & Subsistence

Reasonable costs (economy/standard class fares) will be met, where applicants can justify the need to visit each other or collaborators or to participate in conferences and meetings.

#### E Non Recurring Costs

Equipment essential to the project but currently unavailable in the organisation/ department may be funded, provided this is clearly justified. The cost should be a current quotation from the supplier. If the applicant and the project move during the tenure of the award, the Foundation may require that any equipment purchased moves with them.

#### F Other Costs

Funding for exceptional items may be available providing they are justified. (For example access to specialist facilities or equipment or the use of consultants may incur charges). Please add any other costs which do not fit under any of the above headings here.

Maximum of one file attachment allowed. File types accepted: MS Excel (xls, xlsx), MS Word (doc, docx) and PDF.

Click [here](https://aimstest.health.org.uk/documents/Budget_template_research_award_v3.0.xlsx) to download the budget template that we would like you to use. Please upload once complete.

Upload completed budget here:

Copy\_of\_Better\_Together\_Budget.xlsx

Please select 'Save' or 'Save & Continue' to ensure that the file is attached correctly. This can be found at the bottom of the page.

### 3.5 Budget Justification

Please provide justification for items requested in the budget and the level of funding requested.

Please note an important part of our assessment will be how you demonstrate value for money.

1375 character limit (approximately 250 words).

As the project is a test and learn project based on action research, a significant part of the budget is for on-the-ground activities to be delivered by Action for Elders. These costs (sessional workers, room hire etc) are based on known costs for similar projects at local market rates.

Other sub-contractor costs eg. co-production costs, design work are based on quotations from local consultants and organisations.

The use of volunteers to support the project helps to ensure both sustainability and excellent value for money.

We have also kept costs low through the in-kind contributions from Public Health Wales and the Bay Health GP Cluster Network.

## 4. Declaration

### Privacy Notice

In order to process your application, the Health Foundation needs to collect and process your personal information.

The Health Foundation is the Data Controller (as defined by the Data Protection Act 2018, the General Data Protection Regulation, and all applicable laws which replace or amend it) who will collect and process your personal data.

Please refer to our Privacy Notice for full details of what data we collect about you, how we use it, who we share it with, how long we keep it and your rights relating to your personal data. Our Privacy Notice is available on our website - <http://www.health.org.uk/privacy-policy-and-cookies> . If you do not have access to the Internet, please write to the Health Foundation Data Protection Officer (DPO) at the details listed below with your address and a copy will be sent to you in the post.

In summary, we will collect and process your information to assess your application.

The information we collect will be;

- Name, job title, organisation name and contact details such as email address.
- Processing requires your application information and personal details to be shared with third parties including assessors, website editors and copywriters, partner organisations and service providers.
- We will ensure that all parties we share your data with keep your information secure and do not use it for any other purposes than those which we have specified in the Privacy Notice.
- We will share your information if we are required to by law.
- We will retain this data for as long as is necessary for the relevant activity. We may keep some of your data indefinitely.

If you have any concerns about how your personal data is being collected and processed, or wish to exercise any of your rights detailed in our Privacy Notice please contact:

The Health Foundation Data Protection Officer (DPO)  
The Health Foundation  
90 Long Acre  
London  
WC2E 9RA

- By submitting your completed application, you give permission for details of this application and contact information to be shared on the Health Foundation website (following your approval of the copy) should you be successful in your application.
- Please click here if you would like to subscribe to the monthly Health Foundation newsletter – <http://www.health.org.uk/newsletter>

4.1 Declaration	
Declaration of applicant:	<input checked="" type="checkbox"/> I confirm that I have read and understood the above privacy notice.
Name:	Nina Williams
Date:	1st October 2018

4.2 Marketing Information	
Tell us how you first heard about this programme:	<input type="checkbox"/> Email from the Health Foundation

- Directly (face-to-face, verbal)
- Twitter
- Facebook
- LinkedIn
- Forwarded to me by a colleague
- The Health Foundation website
- The Health Foundation newsletter
- Other organisation website
- Other organisation newsletter/network
- I saw an advert online or in a journal
- I picked up/saw some information at an event
- I found out about the programme in another way