

## Health and Wellbeing projects and activities FUNDING APPLICATION

**1. Applicant:**

Name	Amanda Brookes
Organisation	Bradford on Avon and Melksham Health Partnership
Address	Station Approach, Bradford on Avon, BA15 1DQ
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**2. Amount of funding required from the Area Board:**

£0 - £1000	X
£1001 - £5000	
Over £5000 (please note – our grants will not normally exceed £5000)	

**3. Are you applying on behalf of a Parish Council?**

Yes	
No	X

**4. If yes, please state why this project cannot be funded from the Parish Precept?**

**5. Project title?**

**6. Project summary: (100 words maximum)**

Melksham has been identified as having a high number of older people who have experienced a fall in the past 12 months. Social isolation has recently been identified as a priority for Melksham and by providing a Falls Clinic in the new Melksham Leg Club will support people who have fallen and need support to gain back their confidence.

**7. Which Area Board are you applying to?**

**8. What is the Post Code of the place where your project is taking place?**

SN12 8AG

**9. Please tell us which themes best describe your project:**

<input type="checkbox"/> Intergenerational projects	<input type="checkbox"/> Heritage, history and architecture
<input checked="" type="checkbox"/> Older People Support/Activities	<input type="checkbox"/> Inclusion, diversity and community spirit
<input type="checkbox"/> Carers Support/Activities	<input type="checkbox"/> Environment, recycling and green initiatives
<input checked="" type="checkbox"/> Promoting physical and mental wellbeing	<input type="checkbox"/> Sport, play and recreation
<input type="checkbox"/> Combating social isolation	<input type="checkbox"/> Transport
<input type="checkbox"/> Promoting cohesive/resilient communities	<input type="checkbox"/> Technology & Digital literacy
<input type="checkbox"/> Arts, crafts and culture	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Safer communities	

If Other (please specify)

**10. About your project**

**Please tell us about your project (a strong application will address all of the following):**

How does your project support local needs and priorities?

Melksham has been identified as having a high number of older people who have experienced a fall in the past 12 months. Social isolation has recently been identified as a priority for Melksham and by providing a Falls Clinic in the new Melksham Leg Club will support people who have fallen and need support to gain back their confidence.

How many older people/carers to do you expect to benefit from your project?

Residents registered with the three GP Practices in Melksham who have had a fall or who are at risk of a fall will benefit from this service. Older people are more likely to fall if they may have balance and wastage poor vision or a long term health problem. Falls are common and often overlooked. Around one in three over 65s are likely to be at risk of a fall and about half of these will have more frequent falls. Patients who have a fall are at risk of huge health issues and profoundly affect their health and wellbeing. As a result the Falls Team is keen to move the service from a medicalised health setting to a social setting so that patients can benefit from the social prescribing on offer. Also patients will have access to caf facilities and can talk to volunteers and other health professions who can support them with their mental well being as well as sign post to other organisations who can assist them with other problems. Anyone who is referred by their doctor and then subsequently assessed as eligible will be able to access this service. Along with the setting up of a Balance Class who will also be able to use this equipment and keep themselves

active thereby reducing the risk of a fall. Across Melksham and the surrounding villages there are thousands of patients over the age of 65 year who will benefit from either of this projects - either through the medical route or self-referring themselves to the Balance Class. Both will be held in the Spencers Club and will have a social aspect and mental wellbeing component. There will also be Exercises for Older people advice so that patients can continue to look after themselves in their own homes.

How will you encourage volunteering and community involvement?

How will you ensure your project is accessible to everyone (for example: people living with a disability or on low incomes, or vulnerable, or socially isolated etc.)?

How will you work with other community partners?

### 11. Safeguarding

**Please tell us about how you will protect and safeguard vulnerable people in your project (You must address all of the following):**

- Please provide evidence of your commitment to safeguarding and promoting the welfare of older/vulnerable people and their carers.

- How do you make sure staff and volunteers understand their safeguarding responsibilities?
- Who in your organisation is ultimately responsible for safeguarding?

**12. Monitoring your project.**

**How will you know if your project has been successful? \*required field**

There are very specific key performance indicators linked to the Falls Clinic - assessments are taken on access to the six week programme and outcomes are recorded at the end. We can supply recent outcome measures from the Bradford on Avon model - which has moved to the Bradford on Avon Leg Club. In addition we shall monitor numbers accessing the Balance Classes and outcomes of members exercise and strength levels at the end of each 8 week period. Again taking what works in BoA whereby there are two Balance classes with over 40 people attending each Tuesday afternoon with refreshments afterwards.

**13. If your project will continue after the Wiltshire Council funding runs out, how will you continue to fund it?**

The equipment cost is one-off as well as raising additional community funds from donations. Space for storage has been offered by Spencers Club and this will be risk assessed and maintained by the Falls service.

**14. If this application forms part of a larger project (eg a community navigation project), please state what this project is and approximately how much the overall project will cost?**

**15. Finance:**



				<input type="checkbox"/>
				<input type="checkbox"/>
Total	996.00	Total		

16. Have you or do you intend to apply for a grant for this project from another area board within this financial year? \*required field

financial year? \*required field

- Yes
- No

17. Please list which area boards you are intending to apply, including this one (You can apply to a maximum of 3 Area Boards for the same project in a financial year) \*required field, if Yes to Q11.

Melksham
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## 18. DECLARATION

**Supporting information - Please confirm that the following documents will be available to inspect upon request (You DO NOT need to send these documents to us):**

### Quotes:

- I will make available on request 1 quote for individual project costs over £500 & 2 quotes for project costs over £1000 (Individual project costs are listed in the expenditure section above)

### Project/Business Plan:

- For projects over £50,000: I will make available on request a **project or business plan** (including estimates) for projects where the **total project cost** (as declared in the financial section above) exceeds £50,000 (tick only when total project cost exceeds £50,000).

### Accounts:

- I will make available on request the organisation's **latest accounts**

### Constitution:

- I will make available on request the organisation's Constitution/Terms of Reference etc.

### Policies and procedures:

- I will make available on request the necessary and relevant policies and procedures such as

Child Protection, Safeguarding Adults, Public Liability Insurance, Access audit, Health & Safety and Environmental assessments.

**Other supporting information (Tick where appropriate, for some project these will not be applicable):**

- I will make available on request evidence of ownership of buildings/land
- I will make available on request the relevant planning permission for the project.
- I will make available on request any other form of licence or approval for this project has been received prior to submission of this grant application.

**And finally...**

- I confirm that the information on this form is correct, any award received will be spent on the activities specified.