

Cheshire East Council

Public Health Transformation Fund Proposal

Organisation:			
Name of bid:			
Total amount of funding being requested: £			
Pilot Lead:	Designation:	Telephone Number:	
About the Pilot			
Please describe what the pilot is and it's key aims and objectives			
Scope			
Please detail the areas and populations to health outcomes if appropriate	be included in, and excluded fro	m, the pilot and how it addresses any inequalities in	
Population Health & Wellbeing			
Please describe who the population is, what needs the pilot will meet, why this is important and references to local priorities.			
Include also any evidence base/rationale for this proposal's effectiveness in addressing the need identified			
Outcomes			
Please detail the outcomes that the pilot w indicators	ill achieve, by when and include	any associated measures such as key performance	
Quality			
Please detail what arrangements you have in place to maintain quality. Please include access and equality			
Finance			
Please detail the cost of the project, how the overheads	he project will provide value for n	noney, and provide a breakdown of the costs, including	
Resources			
Please detail the physical and human reso	urces required for the duration o	f the pilot	
Delivery Plan			
Please detail how you intend to deliver the arrangements and set up and close down	-	s key milestones, monitoring and reporting	

Risk Management

Please detail the financial, clinical and project risks and your plans for governance, mitigation, monitoring and reporting of incidents

Partnership Working

Please detail how the pilot will contribute to the work of the Council and/or its partners and how this will be achieved

Communications

Please detail how service users, their families and carers and local partners will be made aware of the pilot

Pilot Evaluation

Please detail what you intend to evaluate at the end of the pilot and by when. This should include, but is not limited to, population demographics, service utilisation and demand, expenditure, achievement against milestones, key performance indicators and outcomes, service user feedback and where applicable, the effectiveness of partnership working

Sustainability Plan

Please detail any plans you have for the pilot beyond its completion date or detail how you would continue the work if funding were available in the future

Supporting Information

Please provide any additional information in support of your proposal

Contact Details

Pilot Lead

Tel: Address:

Pilot Contact

Name: Tel: Address: Designation: Email:

Email:

Signatories and Declaration of Interests

Pi	lot	Lead:
	ıυι	LCUU.

Date:

Please declare any interests those involved in the pilot may have. Please state 'none' where no interests arise:

Guidance Notes:

Please complete all sections of the form. The information provided should be clear and succinct but provide enough detail to enable the panel to make an informed decision. The form should be signed by the pilot lead.

Pilot Lead: This is the person who has overall responsibility for the pilot and its delivery. Pilot Contact: This is the person who will manage the pilot on a day to day basis.