



## Humber and North Yorkshire Cancer Alliance

### Cancer Innovation Grants 2024/25

#### Guidance

We are pleased to announce the launch of the Humber and North Yorkshire Cancer Alliance Cancer Innovation Grants 2024/25 in collaboration with the Yorkshire and Humber Health Innovation Network.

The Cancer Innovation Grants form part of the Cancer Alliance's aim to build a culture of cutting-edge cancer innovations, essential to improve early diagnosis, treatment, recovery and patient experience. We encourage all system stakeholders to initiate, identify and develop innovations and adopt evidence based innovative approaches to early diagnosis that particularly target local priorities for improvement. At the same time, this will help us to build local champions for cancer innovation, implementation and evaluation across our local system.

#### 1. Who can apply?

We welcome applications from Primary and Secondary Care organisations, Patients, Voluntary and Community and Social Enterprise groups and organisations and wider system stakeholders e.g. Social Care organisations. We encourage collaboration across organisations and sectors.

#### 2. What are our funding priorities?

This is a **non-recurrent, revenue financial awards scheme** to promote innovation in cancer care to improve earlier and faster diagnosis and patient experience in line with the NHS Long Term Plan. The awards can be used to develop, adopt, implement and evaluate new initiatives to help improve earlier diagnosis and patient experience. This could include for example implementing small grass roots projects to larger scale innovations schemes.

In line with NHS Cancer national planning guidance we are particularly keen to receive applications which:

- Have a focus on (but not exclusive to) tumour sites with the highest volume of late-stage diagnoses in our area:
  - oesophageal
  - lung
  - pancreatic
  - colon
  - rectum
  - non-hodgkin's lymphoma
  - prostate

Target the 20% most deprived populations (Core 20plus) who experience health inequalities including inclusion health groups as listed below:

- People experiencing homelessness
- People with learning disabilities
- People experiencing Mental Health issues
- Drug and alcohol dependence
- Vulnerable migrants
- Gypsy, Roma and Traveller communities
- Sex workers
- People in contact with the justice system
- Victims of modern slavery

### **3. What kind of projects are we looking to fund?**

We are looking for newly identified innovations as well as projects that adopt innovation ideas that have proven to be successful elsewhere. Although not an exhaustive list, below are some examples of innovation projects:

- Adopting technology or workforce to implement/embed new ways to reduce demand on diagnostic services.
- Roles/technology within primary care & place to improve accessibility to symptomatic and screening cancer pathways – especially to address health inequalities (e.g. areas of high deprivation, people with a learning disability, people with disability, ethnic minority communities)
- Workforce innovation to support Cancer Waiting Times standards – for example new administration roles to support new ways of tracking patients.
- Developing innovative patient education solutions, particularly those designed to address health inequalities and support the diverse needs of our local populations including specific groups that are new to a local area.
- Initiatives to support increase in uptake of cancer screening programmes with a focus on specific groups where screening uptake is low.
- Developing novel psychosocial support solutions for patients, and improving access to psychosocial support services, shared care pathways and personalised care and wellbeing.
- Improving access to personalised support services via single point of contact to improve co-ordination and reduce duplication.
- Extending access to pre and post rehabilitation support groups for patients, carers, and their families with lived experience of cancer.
- Applications from community and patient groups to develop projects that improve patient experience and knowledge of cancer (including treatment and recovery) e.g. new education packages, digital platforms, general wellbeing etc.

### **4. Grants Timeline:**

Grants open for applications: **1<sup>st</sup> April 2024**

Deadline for submitting grant applications: **5pm 31<sup>st</sup> May 2024** (9 weeks to complete application process)

Successful grant applicants will be notified **21<sup>st</sup> June 2024**: 3 weeks for panel to assess applications, hold further fact-finding discussions with project leads where appropriate and ensure internal governance and approval is in place.

## 5. What will not be funded?

- **Funding is not available to support current standards and processes in cancer care e.g.** Posts and activities that are part of core services and staffing such as Clinical Nurse Specialist's (CNS)
- Innovation funding is not permitted to be used for research purposes or to fund capital projects.

## 6. Funding Available

A maximum of £50,000 will be available per project across the 3 innovation streams below:

<u>Innovation Stream / Lead</u>	<u>Finance available</u>
<b>Earlier Diagnosis</b>	Maximum award per application £50,000  We welcome small grants (minimum of £1,000) applications to support community level projects.
<b>Faster Diagnosis, Treatment and Pathways</b>	Maximum award per application £50,000  We welcome small grants (minimum of £1,000) applications to support community level projects.
<b>Living with and Beyond Cancer</b>	Maximum award per application £50,000  We welcome small grants (minimum of £1,000) applications to support community level projects.

Where possible and providing the panel is satisfied by the quality of respective bids, the funding will be distributed equitably across geographical boundaries and organisations/sectors within Humber and North Yorkshire. Grants funding will be awarded in June 2024 with the expectation that all funding will be utilised by 31<sup>st</sup> March 2025. Should any successful grant holders require to carry forward any resource beyond this date will be subject to agreement with the HNY Cancer Alliance and within their respective organisations.

## 7. Application and Assessment process

### 7.1 Application screening and assessment:

Applicants will be required to complete an application form detailing their innovation proposal and associated costs.

We would ask each place to co-ordinate their submissions through a single lead evidencing the breadth of local discussions and organisational support for proposals. See appendix A.

Application Forms and Guidance are available on the Humber and North Yorkshire Cancer Alliance Website: <https://hyncanceralliance.org.uk/innovationgrants/>

## 7.2 Shortlisting:

Applications will be assessed and shortlisted by the Cancer Alliance Panel (with Health Innovation Network Yorkshire and Humber, IRIS (Innovation, Research and Improvement System) Team, Clinical, Patient and Finance representation) using transparent criteria set out in the table below:

### ***Innovation in Cancer Grants Scheme – Grant Application Criteria***

Please ensure you refer to these criteria when completing the application form.

<b>Category</b>	<b>Criteria</b>
<b>Novel Innovation</b>	<p>Is the Innovation new or a development/adoption of an existing innovation?</p> <p>Proposals for DHTs (Digital Health Technologies) – do proposed solutions comply/or are working towards NICE standards as set out in the ‘<i>evidence standards for digital health technologies?</i></p>
<b>Collaboration and integration</b>	<p>Does your proposal adopt a collaborative approach through consultation and/or working across the system through different sector organisations e.g. Primary Care, Secondary Care, VCSE sector, patient groups etc</p> <p>Has any engagement taken place with service users/patients? What was the outcome?</p> <p>In relation to proposals for digital health technologies – are plans in place within your organisation to provide digital support to implement/integrate digital solutions within your project?</p>
<b>Benefits to Pathways and Patients</b>	<p>Does your proposal help to improve earlier or faster diagnosis, or improved patient care or patient experience, for example?</p> <p>Can you describe and evidence identified benefits of the project?</p>
<b>Health Inequalities</b>	<p>Does your proposal tackle health inequalities?</p> <p>Has a health inequalities impact assessment been completed? IF yes, please attach with your application.</p> <p>Does the innovation have any negative unintended consequences on people with protected characteristics or inclusion health groups?</p>

<b>Data Collection, Impact and Evaluation</b>	<p>How do you intend to evaluate the success/impact of your project? We require all evaluation (appropriate to the size of the project) to be completed within 12 months of the grant being awarded.</p> <p>What is the intended impact &amp; how is this recorded and measured? You will need to set out Key Performance Indicators in your proposal.</p> <p>Can you collect patient characteristic data so any variation in uptake and outcomes for different population groups can be identified – as a minimum we ask you seek data on age, gender and deprivation (postcode)</p> <p>Will the project collect any qualitative data to measure impact? Including patient experience data?</p>
<b>Sustainability and Transferability</b>	<p>Can the innovation be applied to other areas/cancer pathways?</p> <p>Can the innovation be scaled up to expand beyond the life of the project?</p> <p>Can it fund itself long term/transition to business as usual after the Innovation funding has been spent?</p>

### 7.3 Assessment Process

We may ask shortlisted applicants to talk through their application and answer questions in relation to their chosen innovation.

**For schemes over £20k** we ask that you also develop an outline project plan, describing the anticipated key dates and timescales for implementation, including any recruitment required. This will support successful applicants to mobilise their schemes more quickly.

**Organisational support** – For **statutory organisations** we require that all grant applications are signed by the appropriate leads and have received support through appropriate sign off by relevant senior management teams and committees. See appendix A.

### 7.4 Selection

The panel will review the outcomes from the application and assessment process against the criteria and agree on the successful applications.

## 8. Confirmation of Grant

**Successful schemes will be notified by 21<sup>st</sup> June 2024 via email**

## 9. How to apply

The Cancer Innovations Grant Guidance and Application Form documents are available on the Humber and North Yorkshire Cancer Alliance website <https://hyncanceralliance.org.uk/innovationgrants/>

For any queries relating to the Humber and North Yorkshire Cancer Innovation Grants please contact the Cancer Diagnostics and Innovation Team at [hnyicb-ery.cdi.team@nhs.net](mailto:hnyicb-ery.cdi.team@nhs.net)

All applications should be sent as a **PDF** file to the Cancer Diagnostics and Innovations Team mailbox: [hnyicb-ery.cdi.team@nhs.net](mailto:hnyicb-ery.cdi.team@nhs.net)

Deadline for applications: **5pm, Friday 31<sup>st</sup> May 2024**

## Appendix A

### Lead contacts for Trusts in Humber and North Yorkshire

Organisation	Lead Contact	Email
Hull University Teaching Hospitals NHS Trust	Denise Gale Associate Director of Cancer	<a href="mailto:dgale@nhs.net">dgale@nhs.net</a>
York and Scarborough Teaching Hospitals NHS Foundation Trust	Beth Eastwood Head of Cancer	<a href="mailto:beth.eastwood4@nhs.net">beth.eastwood4@nhs.net</a>
North Lincolnshire and Goole Hospital NHS Trust	Denise Gale Associate Director of Cancer	<a href="mailto:dgale@nhs.net">dgale@nhs.net</a>