# ARC KSS 'Towards Changing Practice'

# Project Funding Call

# Guidance Notes

Stimulating applied research and the implementation of evidence for local health and social care benefit

This information is intended for those interested in applying for the ARC KSS Towards Changing Practice project funding call

Autumn 2020

## Contents

# Section 1 – Background of NIHR and NIHR ARCs

## 1.1 What is NIHR?

The National Institute for Health Research (NIHR) is the nation's largest funder of health and care research and provides the people, facilities and technology that enables research to thrive.

NIHR's mission is to improve the health and wealth of the nation through research. The NIHR was established in 2006 and is primarily funded by the Department of Health and Social Care.

Working in partnership with the NHS, universities, local government, other research funders, patients and the public, the NIHR delivers and enables world-class research that transforms people's lives, promotes economic growth and advances science.

## 1.2 What are ARCs?

NIHR Applied Research Collaborations (ARCs) support applied health and care research that responds to, and meets, the needs of local populations and local health and care systems.

The NIHR ARC Kent, Surrey and Sussex is one of 15 ARCs across England, part of a £135 million investment by the NIHR to improve the health and care of patients and the public.

Each NIHR ARC is made up of local providers of NHS services, local providers of care services, NHS commissioners, local authorities, universities, private companies and charities. These collaborations work together to conduct high quality, generalisable, applied health and care research that addresses the specific health or care issues in their region.

NIHR ARCs also act to close the second translational gap and increase the rate at which research findings are implemented into practice.

The 15 ARCs work collaboratively to address national research priorities, with individual ARCs providing national leadership in their areas of expertise.

- Find out more about ARCs

## 1.3 What is ARC KSS?

The National Institute for Health Research (NIHR) Applied Research Collaboration Kent, Surrey and Sussex (ARC KSS) brings together NHS Trusts, local authorities, universities, communities and other partners to stimulate changes through applied research in health and social care for people living in the South East of England and nationally.

Led by Sussex Partnership NHS Foundation Trust and Professor Stephen Peckham as Director from the University of Kent, our aim is to improve the quality, quantity and relevance of health and social care research in the area.

The ARC KSS aims to provide transforming infrastructure for the region to enable impactful research implemented into practice.  To do this we will provide co-ordination, facilitation, management and support for the three core activities: **Capacity building in health and social care research, supporting and conducting applied research and supporting the implementation of findings into practices locally, regionally and nationally.**

ARC KSS is committed to ensure all our research **engages with local communities, patients and the wider public.**

## Section 2 – Funding call aim, criteria and further information

### 2.1 What is the aim of this funding call?

ARC KSS is seeking   to fund innovative applied research projects focussing on implementing novel ideas with the potential to change health or social care practice for the benefit of the public, patients, service user and/or service providers in line with activities laid out in the criteria section 2.3 below.  Projects should involve an intervention or new way of providing care that has already shown potential benefits in preliminary audits or pilots and are ready to be fully tested in a 'real world' care provision setting or scaled up.  Projects should aim to assess the intervention or change in care to demonstrate outcomes and potential benefits for service users, service providers, commissioners and stakeholder.  Projects should also inform how best to implement the intervention to support its use in everyday practice.

- Projects should closely **align to one or more of the ARC KSS research themes**:
  - **Social care**: person-centred, community based social care
  - **Starting Well**: Early detection and Intervention of Mental Health Problems in Children and Young People
  - **Primary and Community Health Services**: Sustainable and integrated care focusing on people with chronic conditions and marginalised groups
  - **Dementia**: Living Well with Dementia
  - **Co-production**: Involving and working with patients and the public to produce relevant research
  - **Public Health**: Improving health and reducing need among older patients with multiple conditions and younger people at time of transition
  - **Digital Innovation**: Harnessing digital technology to help create a sustainable health and social care system
  - **Health and Social Care Economics**: using best practice to efficiently fund health and social care services of benefit to patients

We recommend applicants read the ***ARC KSS research funding approach*** on **https://www.sussexpartnership.nhs.uk/research-arc-kss** which details the 9 key impact areas for ARC KSS research, to ensure their project fits goals and aims of ARC KSS applied research and our research theme objectives closely.  ARC KSS will prioritise projects with potential to create real change and impact regionally.

### 2.2 What are the criteria for applications for project funding?

- Projects must start by 1<sup>st</sup> May 2021.
- Projects must **be undertaken within an ARC KSS member organisation** or led by a member of staff from an ARC KSS member organisation.
- Be based upon existing, preliminary or pilot evidence.  Projects will test an innovation, intervention or new way of providing care to evaluate changes in outcomes for patients/care users and local services in order to enable implementation of findings to change practice.
- Projects must closely align to one or more of the ARC KSS research themes.
- Projects must contribute to addressing significant priorities for health and social care and the problems faced by our region.  Note that projects proceeding to the final stage will be assessed via a process which included ARC KSS theme leads, members of the public and STP / ICS leads.
- Projects are expected to involve and engage the public and communities and preferably be co-designed.

- Projects should have clear plans and mechanisms to support future implementation of findings and knowledge mobilisation for the benefit of service delivery and patients/service users locally.
- Projects that assess changes or implementation of new services as a result of COVID-19 will be eligible. These should focus on long-term or recovery phases of COVID-19 health or social care provision.
- Projects with multiple partners and finding that can be implemented or transferred at a county or regional scale or involving integrated approaches to care across providers are encouraged.
- Projects that contribute to building research capacity within the member organisation or involve collaborative working across multiple member organisations will be prioritised. Therefore, projects submitted by early career researchers or health and social care professionals establishing research careers are particularly welcome.
- Up to £100,000 (inclusive of 25% co-funding) will be awarded to individual projects over a maximum duration of 24 months. The maximum funding awarded by ARC KSS will be £75,000.

## 2.3 What will not be funded?
The following will not be funded under this call:

- Audit projects
- Projects focussing on a single provider e.g. a single hospital or service provider or single service
- Identifying and exploring an evidence-practice gap e.g. through evidence synthesis alone
- Proof of concept or preliminary studies designed to gain more information about a potential intervention or change in care e.g. feasibility studies

## 2.4 When should projects start and finish?
Projects should be in a position to start as near as possible to **1st May 2021**. Upon announcement of successful projects, contracts between ARC KSS and the hosting organisation will be organised and where possible should be in place by the start date.

Projects should be no more than 2 years in duration.

## 2.5 What kind of evidence do we need about the intervention for an application? Are we able to use unpublished evidence?
You can use unpublished evidence and existing practice knowledge about an intervention or change in care pathway. It should be clear in the application that you know from existing research, unpublished information or practice knowledge that this intervention has the potential to work and shows some potential to benefit the public, service providers and other stakeholders. It may be that you have changed practice in some way and observed benefits but these have not been fully measured. It may be that you have already tested the intervention on a small scale to see if it works in your local context, with potential to scale up and for the change to be sustainable after the funding has ended. It may be that there is existing evidence from systematic reviews and NICE guidance that is not being used to inform best practice and you intend to change practice in line with this evidence for public benefit.

## 2.6 What plans for the intervention need to be in place before the application vs plans for them to happen?
Your intervention should be well-established and planned out. You should have evidence through small early testing locally or support from audit or available data that the intervention has potential to benefit service users, providers, and to change practice in a positive way.

## 2.7 With whom might we need to engage and how?

We encourage applicants to speak with the relevant ARC KSS implementation lead with which your project aligns.  Information on how to book an appointment can be found at the end of this guidance in Section 5.

You will need to have already engaged with or plan to engage relevant stakeholders who may contribute to or affect the outcomes of your project and we suggest you develop a targeted approach to each individual/group. For example, to engage commissioners, you may want to look to local providers and commissioners of local services relevant to your intervention. We advise that you begin thinking about your potential stakeholders as soon as possible.

Projects are expected to include appropriate Public and Community Involvement and Engagement (PCIE) and preferably be co-designed with patients and the public. Projects should have clear plans and mechanisms to support future implementation of findings and knowledge mobilisation for the benefit of the NHS and/or social care service delivery and patients/service users locally.

### 2.8 Do you regard engagement from commissioners as a necessary or nice-to-have?

It depends on the type of project. In some instances it is absolutely critical, such as if commissioners will need to alter funding arrangements for the ongoing sustainability of the project. Making commissioners aware of your project will add strength to your application.

### 2.9 When should we involve patients/service users, communities, the public and how?

Projects are expected to include appropriate Public and Community Involvement and Engagement (PCIE) and preferably be co-designed with the public, patients, service users and communities. You should be engaging patients as early into your project as possible and we will be looking for evidence of a clear and comprehensive public and community  involvement and engagement plan both supporting your proposal development and plans for PCIE during the work.

See Section 4.1 below referring to particular sections of the application form for further guidance.


## Section 3 – Funding available and co-funding

### 3.1 How much funding is available?

For this first round of funding, at least £375,000 will be available for 'Towards Changing Practice' project. Funds will be used flexibly depending on the number and quality of applications received.

Indirect or estates costs cannot be claimed. See more information on what can be funded in Section 4.1 below.

### 3.2 Why is this call asking for match funding and what is co-funding?

Co-funding is a requirement from the NIHR with which an organisation evidences its commitment.  Co-funding is not necessarily financial, and is often a release of staff time.

### 3.3 How much co-funding is required within applications?

The amount of co-funding required per project should be 25% of the total amount requested.  The maximum budget that can be requested for a single project is £100,000.  Therefore, this should be made up of a maximum of £75,000 ARC KSS funding and at least £25,000 co-funding from the host organisation.

### 3.4 What can be included as co-funding?

Any organisation's committed resources, whether it is NHS, charity, volunteers, industry, or social care, will count as co-funding. Co-funding can be provided to the lead applicant as direct cash to support the project or 'in kind' resources.  Examples of 'in kind' resources might be (this list is not exhaustive):

- Staff time to contribute to the project
- Time for frontline staff to recruit and collect data for projects
- Meeting room space for the project e.g. visits or meetings
- Use of facilities for implementing the project
- Staff time to extract data for use in the project
- Consumables already available to the organisation that can be used by the project.
- Training provided to the applicants that is needed to undertake the project

Co-funding should not include HEI or non-HEI overheads (co-funding could include direct funding, 'in kind' contributions, use of facilities for implementation). Member organisations of ARC KSS can include project co-funding as part of their overall co-funding commitment to ARC KSS.  Further information can be found in the ***Co-Funding Guidance document Dec 19*** on **https://www.sussexpartnership.nhs.uk/research-arc-kss**

## 3.5 Will my study be eligible for NIHR Clinical Research Network (CRN) adoption and support?

Studies which are fully funded by ARC KSS and conducted within an established member organisation(s), do not require additional support for delivery and NHS organisation or non-NHS costs (See section 3.6 below for detail on costs in particular) from the NIHR CRN unless:

- They are delivering in multiple centres (i.e. centres not the contracted NHS/ University partnership and formal partners)
- They have additional funding awarded from NIHR research programmes, NIHR's Non-commercial Partners, Research Councils or other areas of central government. Please note that this does not extend to single centre investigated-initiated or industry-collaborative research, and research funded by overseas organisations or ineligible funding streams. The NHS Support Costs for these should be met through the NIHR ARC award.

Therefore, if a project does not fit the above exceptions, ARC-funded studies will not be eligible for NIHR CRN adoption and support. NIHR ARC led studies deemed eligible for 'additional' NIHR support as above from the CRN will be added to the NIHR CRN Portfolio. Recruitment data should be provided for all UK sites (i.e. both the CRN and the contracted NHS/ University partnership and formal partners - ARC sites) and mapped in line with guidance.

It is recognised that the requirement for NIHR CRN support may change during the lifecycle of the study, for example a fully funded ARC study (within the contracted NHS/ University partnership and formal partners) may need to open in new CRN supported sites to achieve the study's recruitment target. Should this situation arise an application for NIHR CRN support should be made following discussion with the local CRN.

Official NIHR guidance on CRN adoption of ARC-funded research can be found in the ***CRN Support for NIHR ARC funded studies document*** on **https://www.sussexpartnership.nhs.uk/research-arc-kss**. Full NIHR CRN eligibility criteria can be found here and refer to E16 in the FAQ's on the NIHR website here specifically for ARC-funded project CRN eligibility.

## 3.6 Should I cost in service support costs for health or social care research within my organisation?

Funding for NIHR Applied Research Collaborations (ARCs) is "self-contained". Therefore, studies which are fully funded by NIHR ARC awards and which are taking place solely within the organisation that holds the contract should be appropriately costed so as not to require additional NIHR infrastructure or Research support costs from the NIHR CRN. Funding requested should cover both research costs and NHS or equivalent non-NHS infrastructure for research costs (please refer to AcoRD guidance for more details).

The funding goes directly to the contracted organisation and be distributed to NHS or non-NHS organisations accordingly and in line with the project plan and activity. Studies which are fully funded as part of an ARC

programme will not, therefore, require additional research infrastructure support from the NIHR CRN unless they meet the exceptions above.

## 3.7 What are the expected contractual arrangements?

Successful projects will be required to undergo a contracting process between the host organisation and ARC KSS host Sussex Partnership NHS Foundation Trust in order to receive funds. This will be in the form of a short collaboration agreement setting out the responsibilities of ARC KSS and the organisation delivering the project. Standard project agreements templates will be used and major changes to the content will not be considered. Execution of the contracting process should be completed prior to 1$^{st}$ May 2021.

## 3.8 What if my organisation is not a member?

If your organisation is not currently an ARC KSS partner but you believe your organisation is eligible to become one, please contact the ARC KSS team on the details below to discuss this further. Organisations eligible to be an ARC KSS partner include organisations in the ARC KSS region which are:

- NHS Trusts
- Local authorities
- Universities
- Charities or communities involved in health and social care
- Companies or not-for-profit organisations involved in health and social care

For further information please see the ***ARC KSS member organisations document*** on
**https://www.sussexpartnership.nhs.uk/research-arc-kss**

# Section 4 – How to apply

## 4.1 How do I apply?

If you are interested in applying:

- read the call remit and guidance notes carefully
- read the *ARC KSS research funding approach document* to ensure your project fits ARC goals, values and research themes
- Complete a 1$^{st}$ Stage application form and send this to: ARCKentSurreySussex@sussexpartnership.nhs.uk by **Friday 30th October 2020, 5pm.** Applicants should provide all the information requested on the application form. You should complete your application in clear and concise language with minimal use of technical jargon. Where you use abbreviations, these should be fully described in the first instance of using the acronym. See below for guidance on each application form section.

For further information about the requirements and timeframe for each stage see Section 4. Guidance notes and application for 2$^{nd}$ Stage will be released to successful candidates in December 2020.

Application form sections - guidance:

1. ***Application details:*** Please provide overview details of your project including:
- Full project title and a short title if you have one
- Intended duration of the project in months – this should not exceed 6 months
- List the ARC KSS theme(s) with which your project aligns.

- Lead applicant details – the lead applicant is the person with overall responsibility for the delivery and conduct of the project. Please tell us:
  - the lead applicants name
  - contact details including address, email and telephone number
  - name of your employing organisation
  - professional role or job title
  - Qualifications

NB – a current CV no longer than 3 pages should be submitted with the application to demonstrate the relevant knowledge, experience and expertise. This should include up to 10 relevant publications and any other grants held.

- The total funding (including co-funding) for the project should be entered.

2. *Host organisation details:*
- Please name the organisation hosting the project which will be responsible for holding the project contract. This should be an ARC KSS member organisation based and delivering services in Kent, Surrey or Sussex.
- Please name a key Research & Development contact for the host organisation – this contact will be used to begin the project contracting arrangements and will also ensure governance oversight of the project and provide local support.
- Please name a key administrative contact where this is not the lead applicant.

3. *Research team details (100 words):*
- Provide a list of each co-applicant and collaborator including team member names, job roles and employing organisations.

Co-applicants are those individuals with responsibility for the day to day management and delivery of the project and can include patients, carers and service users. Co-applicants are considered part of the project team and are expected to share responsibility for its successful delivery. Collaborators normally provide specific expertise on particular aspects of the project but do not share in the responsibility for the delivery of the project. For example, this may be staff helping you to recruit service users and collect/provide data.

4. *Outline Project Plan:*
- Public summary (250 words maximum)

A Plain English, public summary is a clear explanation of your research. The assessors will use this summary to inform their understanding of your project. Assessors will include members of the public, clinicians and researchers who do not have specialist knowledge of your field. A good quality plain English summary provides an easy to read overview of your whole study. When writing your summary consider including the following information where appropriate: aim(s) of the research, background to the research, design and methods used, patient and public involvement.

Keep the use of jargon and acronyms to a minimum. Further guidance on writing in plain English is available online at NIHR Make it clear http://www.invo.org.uk/makeitclear/.

- What is the problem you are aiming to address and why this is a local patient or service user need? (100 words maximum)

Provide a clear explanation of the health problem to be addressed, the impact on patients as well as health and care services, and how this research would fill a demonstrable evidence gap. Explain how your proposed research is within the remit of the call and how it addresses the key aim of the programme to generate research evidence to improve, expand and strengthen the way that healthcare is delivered for patients, the public, the NHS and social care. It is essential that you clearly identify the health and care need that your project aims to address and how the outputs of your project will benefit the public, services users, service providers and commissioners.

Briefly describe:

- The importance of the proposed research and its relevance to local and national priorities and needs (including a statement of the significance of the research area, e.g. burden of disease, amount of care provided).
- the anticipated outputs, outcomes and impact of the proposed research on the health of patients/service users and/or the public
- highlighting the potential benefits to service providers or commissioners where possible
- the potential for your project to inform or change practice for the better

- o How does the existing literature or evidence support this project? (250 words maximum)

Explain why this research is needed now, both in terms of time and relevance. Briefly describe:

- Past and current literature or research that justifies the proposed project and shows that it has potential to improve patient care and inform practice.  Evidence may be drawn from pilots (including unpublished work or audit data) or drawing on existing literature like systematic reviews (including NHS context and relevant literature). The rationale for the particular lines of research you plan to pursue
- Work undertaken previously by you locally which has led to the proposed programme (e.g., describe any pilot/feasibility/audit data).
- Applicants should be aware of ongoing research in this area and comment on any other local research or initiatives which might be deemed to overlap with the contents of the proposal.

- o Outline project plan (no more than 2 pages):

- Using the PICO framework (**P**opulation, **I**ntervention, **C**omparison, **O**utcome), the project plan should give a sufficient outline for the prioritisation process representatives to understand your research question(s) and objectives, populations, intervention and outcome.
- Please also include an outline of you project design and methodology including data collection and analysis.
- You may also wish to think about ethical considerations, approvals and from where.

5. ***Outline Public and Community Involvement and Engagement  (PCIE) (200 words):***

ARC KSS is committed to appropriate and relevant involvement and engagement of patients and the public and other key stakeholders in all its activities. The earlier that the public can be involved in the research cycle the more your research can benefit from the added perspective they bring including the richness of the unique insight and experience they offer, the increase in confidence that the research question is

relevant to the population's needs, ensuring the research methods are culturally and practically acceptable to participants and that the potential research outcomes are important to the public.

In this section you will need to show how you have or intend to engage with the public about your project focus and how you have already or will use their views to help shape your research design and implementation. We will be looking for a clear and comprehensive public involvement and engagement plan that will support your research from design through to dissemination. Areas to consider may include:

- the role of your lay members
- what types of activities will you asking for them to undertake
- will discussions be had early enough to impact on your study design
- what sort of remuneration are you intending for your lay members (to be included in the budget plan)
- how did you or will you identify groups, communities or lay members to involve in your research that reflect your subject matter and the wider population.

The assessment panels will include public members. Information and resources to assist you can be found on the INVOLVE website. You are strongly encouraged to read and align your project with the INVOLVE National Standards for Public Involvement in Research.


### *Section 6: Outline impact, implementation and dissemination (200 words):*

o What will be the main outputs of your project?

List here the key outputs of your proposed project. This might be publications, guidelines, toolkits, evidence for changing practice, a new intervention or innovation or other outputs.

o What are your plans to disseminate the knowledge gained from this project to ensure:
  o use for the benefit of patients and the public?
  o changing or informing practice or commissioning within and outside of your organisation?

You might describe how this project might lead to the implementation of the invention into local practice, or you may intend to scale up the intervention or project for the benefit of patients/service users. Alternatively, you may use existing evidence to inform service delivery locally. In this section it is important that you identify all stakeholders who are relevant to your research proposal. For each stakeholder group you need to be clear about how they benefit from your proposed research and, where appropriate, how they have been involved in the development of the application, as well as the plans for their involvement in the proposed research.

Please describe any plans for knowledge gained through this project to be mobilised and used by local health or social care staff. How do you intend to mobilise knowledge gained for the benefit of the public, stakeholders and commissioners?

### *Section 7: Budget*

The finance section should provide a breakdown of costs associated with undertaking the research as described in the proposal. Please provide enough detail for each line to show how you came to the amount requested. It is in the best interest to undertake a thorough, realistic and accurate costing. It must be clear how costs requested are justified. You must also ensure that you include all costs including those required to secure good research management.

The funding requested may include the following costs: staff costs, travel and subsistence, dissemination costs, equipment (including lease versus purchase costs) no more than £2000, consumables, patient and public involvement (PCIEP) and any other direct costs.

NOTE: Indirect and estates charges cannot be claimed as part of the funding requested nor as part of co-funding provided.

Costs must be provided at current prices. Whilst allowances for incremental increases should be included, nationally or locally agreed pay increases should be excluded.

For help with estimating Public and Community Involvement and Engagement costs please see the INVOLVE cost calculator available at http://www.invo.org.uk/resource-centre/payment-and-recognition-for-public-involvement/involvement-cost-calculator/.

For help and guidance on assessing the attribution of costs for health and social care research (required Service Support Costs, excess treatment costs and Research Costs) if these are required for your project, please refer to the ACCORD guidelines. See section 3.5 and 3.6 above for information on NIHR CRN adoption and support for ARC funding projects.

Further itemisation of costs and methods of calculation may be requested to support the application at a later date. Payments will be made to the contracted organisation only and the contracted organisation will be responsible for passing on any money due to their member organisation(s). Appropriate sub-contracts must be put in place for any element of the research which is to be paid to another organisation.

See Sections 3.1 to 3.4 for guidance on co-funding.

## 8. Authorisations:

In order to ensure your application has been reviewed and approved by your organisation, all application forms should be signed by the lead applicant and any relevant Research and Development departments or senior departmental lead within the organisation and co-funding agreed. The representative from your organisation may be a relevant Research and Development department contact, organisational finance contact or senior departmental lead within the organisation with authority to approve the submission and commitment of co-funding agreed.

Electronic signatures will be accepted.

If you are submitting an application individually or collaboratively from Sussex Partnership Foundation Trust, Brighton and Sussex University Hospitals NHS Trust, University of Sussex or BSMS, please note that your application needs sign off first by the Brighton and Sussex Joint Clinical Research Office: jcro@sussex.ac.uk.

## 4.2 Where do I submit my application?
Completed applications forms should be submitted to ARCKentSurreySussex@sussexpartnership.nhs.uk by **Friday 30th October 2020, 5pm**

## 4.3 How will applications be assessed?
**Remit and Competitiveness Check:**
Applications will undergo a remit and competitiveness check by the ARC KSS core team to confirm applicant eligibility, expertise and that it meets the remit. Therefore, please consider the call remit, guidance notes and the *ARC KSS research funding approach* documents carefully to ensure your project is right for this call.

The application details and plain English summary will be used to assess projects during this initial screening process.

**1st Stage:**
A prioritisation process will assess applications at 1st Stage. This process includes feedback from STP / ICS, NHS R&D leads, HEI research leads, ARC KSS Director, ARC KSS Implementation Director, ARC KSS theme leads, public advisors and statistician.

Criteria to be assessed at 1st Stage are:

- o **Call remit, alignment to ARC KSS research themes and priority areas:** how well does the application fit the call remit and how closely will it support ARC KSS in its research themes and aims. Consideration will be given to the potential to change in practice or be implemented and to what extent it addresses a local STP / ICS or commissioner priority and/or aligns with NIHR national priorities and research agendas.
- o **Team:** Leadership and expertise of research team.
- o **Outline Project plan:** How appropriate is the proposed project plan? Is the project timeline achievable?
- o **Public and Community Involvement, and Engagement (PCIE):** Is there appropriate PCIE activity that has fed into the development of the project and is there an outline plan for PCIE activity within the proposed work? Will it be co-produced? What specific communities have/will be involved?
- o **Impact, Implementation and Dissemination:** What is the potential for impact - alignment to themes, values and potential impact on practice, area of local need? What are the intended outputs and improvement in health outcomes, operational efficiency, patient experience and/or safety and quality of care? Is the project likely to lead to a change in practice and what is the benefit to patients/service users? Will there be appropriate plans to ensure knowledge gained is shared and disseminated to inform practice?

**2nd Stage:**
Applications invited to the 2nd Stage will be required to undertake a further process:

- o Completion of a 2nd Stage application process
- o Peer Review
- o Assessment by the Funding Assessment Committee. With an independent Chair, the committee will include the ARC KSS Director, statistician, health/social care economist, relevant academic expertise, theme leads, public advisors.

Criteria to be assessed at 2nd Stage are expertise of research team/co-applicants/collaborators and why this project will succeed, further detail on study design, methodology, data collation and analysis plans, impact, implementation and dissemination, public and community involvement and engagement plan, value for money, project management, timeline and oversight.

## 4.4 What feedback will applicants receive?
Those applications which are recommended for funding will receive comments from the funding committee. Candidates will be expected to address any significant areas of concern prior to final funding confirmation and commencing the project. Unsuccessful applications at remit /eligibility, 1st Stage and 2nd Stage will receive feedback on areas of their project that could be strengthened and advice on whether the project can be supported by ARC KSS in other ways going forward e.g. support from implementation leads where

projects have potential but were not successful, recommendation of other funding streams or linking to experts that could contribute to the project.
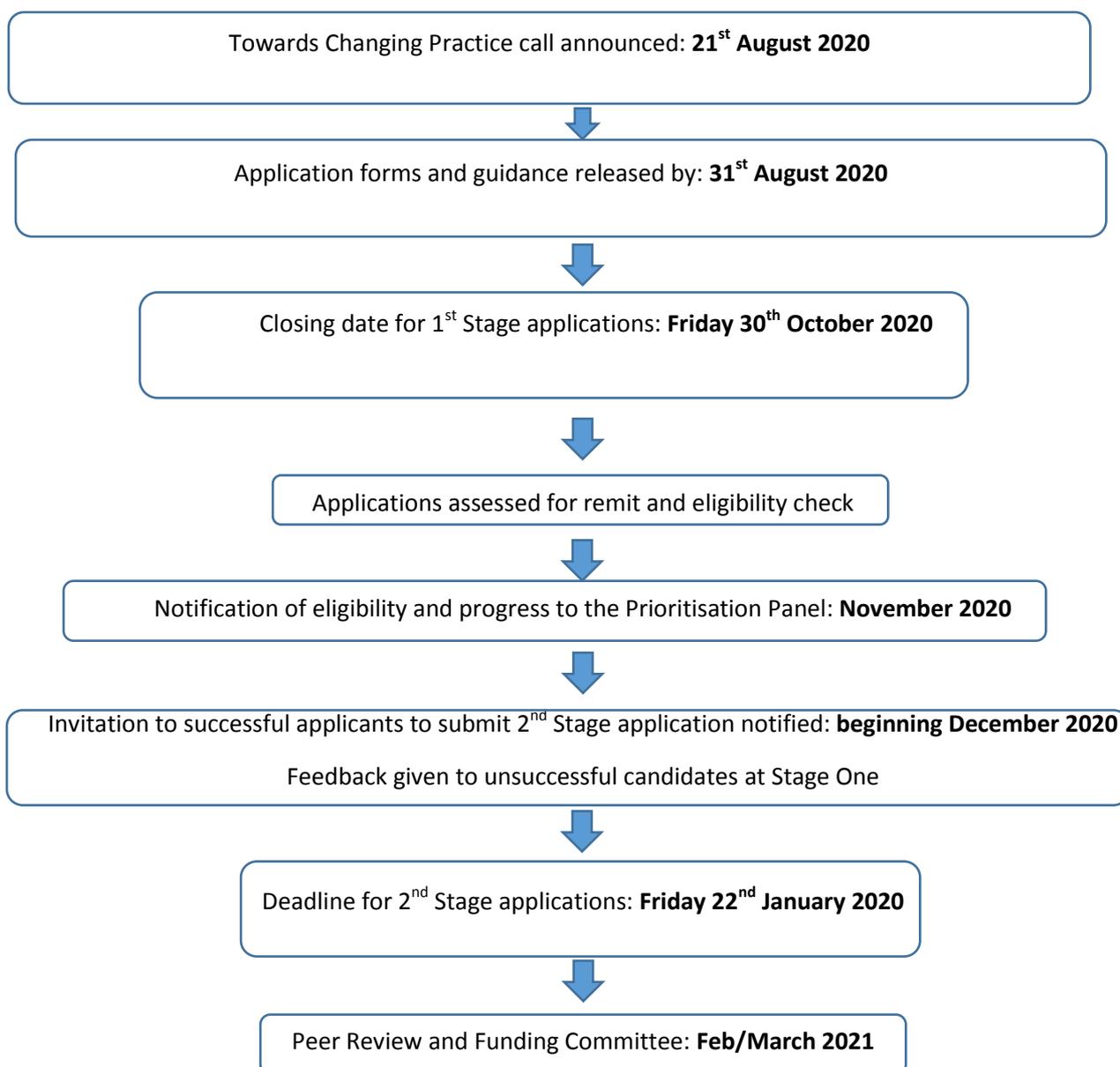
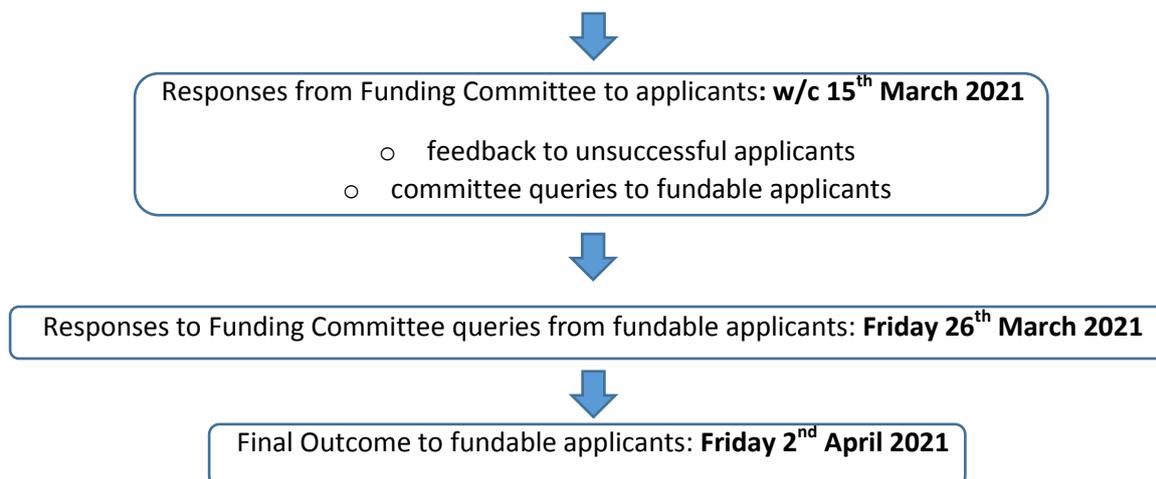## 4.5 How do we report back to ARC KSS on the progress of our project?

Details of reporting will be included in your project collaboration agreement. There will be a formal project review mid-way and at the end of the project. These formal reviews will take the form of a short project report form and a progress meeting. The purpose of the progress meeting will be to reflect on the progress of your project and an opportunity to get input from ARC KSS to support the success of the project. These reviews will be conducted by a dedicated member of the ARC KSS team who will also be available to provide support should you need it at any time during the life span of the project.

## 4.6 What is the timeline for assessment and announcement of successful applications?

The flowchart below summarises the intended timeline for assessment and announcement of applications. Depending on the volume of applications received this may be changed if required.

**Timeline for assessment and award of Projects:**

Towards Changing Practice call announced: **21st August 2020**

⬇

Application forms and guidance released by: **31st August 2020**

⬇

Closing date for 1st Stage applications: **Friday 30th October 2020**

⬇

Applications assessed for remit and eligibility check

⬇

Notification of eligibility and progress to the Prioritisation Panel: **November 2020**

⬇

Invitation to successful applicants to submit 2nd Stage application notified: **beginning December 2020**

Feedback given to unsuccessful candidates at Stage One

⬇

Deadline for 2nd Stage applications: **Friday 22nd January 2020**

⬇

Peer Review and Funding Committee: **Feb/March 2021**

Responses from Funding Committee to applicants**: w/c 15<sup>th</sup> March 2021**

o   feedback to unsuccessful applicants
o   committee queries to fundable applicants



Responses to Funding Committee queries from fundable applicants: **Friday 26<sup>th</sup> March 2021**



Final Outcome to fundable applicants: **Friday 2<sup>nd</sup> April 2021**

# Section 5 – Further information

## 5.1 Who is the main point of contact at ARC KSS?

If you have any further questions, please contact us at: ARCKentSurreySussex@sussexpartnership.nhs.uk

If you would like to speak to a member of the ARC KSS team about your application, please click here to book a 30 minute support conversation.  The last available date for these appointments is 30<sup>th</sup> September.

We will also be holding an information webinar on Monday 28<sup>th</sup> September, 1.30pm-2.30pm.  Please visit our website for more information and to register.

## 5.2 Key Dates

| | |
|---|---|
| **Call release date** | Friday 21<sup>st</sup> August 20 |
| **Availability of booked calls with ARC KSS** | Until 30<sup>th</sup> Sept 20 |
| **Invite to 2<sup>nd</sup> Stage** | Beg Dec 20 |
| **2<sup>nd</sup> stage application deadline** | Friday 22<sup>nd</sup> Jan 21 |
| **Final Outcome to fundable applicants** | Friday 2<sup>nd</sup> April 21 |
| **Projects Start** | By 1<sup>st</sup> May 21 |