SUPPORTING PEOPLE. ADVANCING CARE. SAVING LIVES.

STRATEGIC PLAN 2027-2029



Get ahead Charitable Trust

Welcome to **Get A-Head's Strategic Plan** for 2027-2029

I am delighted to share how we plan to improve the lives for people with head and neck cancer in England and Wales over the next 3 years. We are experiencing a crisis in Head and Neck Cancer and the needs of the people we are here to serve are becoming more complex and urgent.



HNC CRISIS

Head and Neck cancers are the 4th most common type of cancer in the UK for men and the 7th most common overall. Advanced stage of diagnosis in Head and Neck cancers is associated with poor quality of life outcomes and survival, and yet recent figures show that 60% of those diagnosed in the UK are diagnosed at a late stage. We also see a significant and growing number of Head and Neck cancers in our working age population in the UK and the cases globally are predicted to see a 30% increase annually by 2030.

The number of head and neck cancer cases is increasing by 3% a year. Cases are not evenly distributed across the UK – they are more common in northern England; head and neck cancer is much more prevalent among men and in areas of deprivation.

50% of patients are diagnosed aged 60 and over.

Most patients are diagnosed at T3 and T4 meaning treatment is more likely to be invasive and lengthy.

HNCs are complex: there are more than 30 different cancer types that can affect 14 separate physical sites in the head and neck area, making it a challenging area to navigate as a patient, carer or healthcare provider.

Quality of life outcomes are often poor and with cases growing at a worrying rate, we have our work cut out if we want to make a real impact for people living with HNCs.

Thank you to all of our supporters and donors, we are entirely dependent on your continuing support to deliver meaningful change for people with Head and Neck Cancer.

Danni Heath

Director, Get A-Head Charitable Trust

1 Strategic Context

Our Get A-Head Strategic Plan 2026 established a clear foundation: increasing awareness, strengthening partnerships, improving post-treatment support, and advancing research and data.

This 3-year strategy scales that work into system-level influence, national reach, and measurable impact.

Our vision and mission remain unchanged and underpin all activity:



VISION

We want to see a world where:

- People get head and neck cancer at much reduced rates
- Those that do receive a diagnosis, receive it as early as possible
- Their treatment is effective and rapid
- They have the best possible quality of life following treatment

MISSION

Improve quality of life outcomes for people with head and neck disease, especially cancer, across England and Wales.

To promote relief of all aspects of pain, physical and emotional, relating to or connected with, any disease, trauma or any condition adversely affecting the head or neck. To advance education into the causes and treatment of any disease, trauma or condition adversely affecting the head or neck through the promotion of research.

- Earlier diagnosis
- Better treatment outcomes
- Improved quality of life

2 Strategic Ambition (2027–2029)

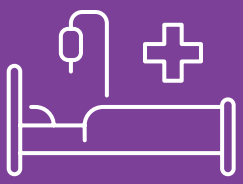
By 2029, Get A-Head will aim to:



Be a recognised national voice in
HEAD AND NECK CANCER (HNC)



Help drive
EARLIER DIAGNOSIS RATES



Improve equity of access to
TREATMENT AND SUPPORT



Fund high-impact
RESEARCH AND INNOVATION



Deliver a consistent, patient-informed
GRANT PROGRAMME



Achieve sustainable income growth and
OPERATIONAL RESILIENCE

3 Strategic Pillars (2027–2029)

Pillar 1: Earlier Diagnosis & Awareness

Why: Late-stage diagnosis remains a critical issue (60% diagnosed late)

PRIORITIES:

Scale national
AWARENESS CAMPAIGNS

Target high-risk and
UNDERSERVED POPULATIONS

Strengthen early
SYMPTOM RECOGNITION

KEY ACTIONS:

2027

- Expand public awareness campaigns nationally
- Develop targeted campaigns (men, deprived areas, working-age adults)

2028

- Partner with NHS, dental networks, and primary care
- Launch pilot early diagnosis initiatives in priority regions

2029

- Influence national policy on screening/early detection/HPV Vaccination
- Demonstrate measurable reduction in late-stage diagnoses (where possible)

SUCCESS MEASURES:

- Increase in campaign reach and engagement
- Increased referrals via early diagnosis pathways
- Evidence of earlier-stage diagnosis trends (longer-term)

3 Strategic Pillars (2027–2029)

Pillar 2: Patient & Carer Support Transformation

Why: Carer Support and post-treatment support are major unmet needs

PRIORITIES:

Bring patient and carer support
“IN-HOUSE” TO GET A-HEAD

Improve access to
REHABILITATION, MENTAL HEALTH SUPPORT AND EQUIPMENT

Centre lived experience
IN ALL DECISIONS

KEY ACTIONS:

2027
- Establish national patient/carer “advisory group”
- Map gaps in post-treatment support across the UK

2028
- Develop scalable models of support (eg AI information and support, peer support)
- Pilot “integrated support pathways” with partners

2029
- Scale Get A-Head owned patient and carer support
- Embed co-production across all grant-making



SUCCESS MEASURES:

- Increased number of patients and carers supported
- Improved patient-reported outcomes
- Reduced regional disparities in access

3 Strategic Pillars (2027–2029)

Pillar 3: Research & Data Leadership

Why: Lack of data is a major barrier to progress

PRIORITIES:

Support
HIGH-IMPACT RESEARCH

Strengthen national
DATA AND AUDIT CAPABILITY
– push for HNC Audit

Align with international
RESEARCH PRIORITIES

KEY ACTIONS:

2027
- Refine proactive grant-making strategy
- Continue support for HNC audit development

2028
- Co-fund major research initiatives with partners
- Launch targeted research calls addressing inequalities

2029
- Become a recognised funder of priority HNC research
- Influence national research agenda

SUCCESS MEASURES:

- Number and quality of research projects funded
- Contribution to national audit/data systems
- Evidence of research impact on care and outcomes



3 Strategic Pillars (2027–2029)

Pillar 4: Strategic Partnerships & System Influence

Why: Fragmentation limits impact

PRIORITIES:

Strengthen Head and Neck Cancer **COALITION LEADERSHIP**

Expand **CROSS-SECTOR PARTNERSHIPS**

Drive **POLICY AND SYSTEM CHANGE**

KEY ACTIONS:

2027

- Support Head and Neck Cancer Coalition
- Expand partnerships (charities, NHS, corporates)
- Push for policy change in coalition

2028

- Lead collaborative national campaigns and funding initiatives
- Strengthen international partnerships

2029

- Influence national policy and commissioning priorities
- Position Get A-Head as a convening leader in HNC

SUCCESS MEASURES:

- Number and scale of partnerships
- Joint initiatives delivered
- Policy or system-level influence achieved

3 Strategic Pillars (2027–2029)

Pillar 5: Sustainable Income & Growth

PRIORITIES:

Diversify
INCOME STREAMS

Strengthen donor
RELATIONSHIPS AND STEWARDSHIP

Build long-term
FINANCIAL RESILIENCE

KEY ACTIONS:

2027

- Complete CRM project leading to gold standard donor stewardship
- Expand corporate partnerships and build on fundraising events

2028

- Scale legacy giving programme
- Launch major donor strategy

2029

- Achieve consistent income growth year-on-year
- Build reserves and long-term funding stability

SUCCESS MEASURES:

- Annual income growth
- Donor retention rates
- Proportion of diversified income streams

3 Strategic Pillars (2027–2029)

Pillar 6: Organisational Capacity & Capability

PRIORITIES:

Maintain agility as a **SMALL ORGANISATION**

Strengthen **DELIVERY CAPABILITY**

Invest in **SYSTEMS, PEOPLE, AND GOVERNANCE**

KEY ACTIONS:

2027

- Review team structure and capacity needs
- Strengthen monitoring & evaluation systems
- Begin Governance Review and Board Development programme

2028

- Invest in key roles (e.g., partnerships, research, fundraising)
- Improve data, reporting, and impact tracking

2029

- Build a scalable operating model
- Maintain strong governance and strategic oversight

SUCCESS MEASURES:

- Delivery against strategic objectives
- Staff/partner effectiveness
- Quality of impact reporting



4 Grant-Making Evolution (2027–2029)

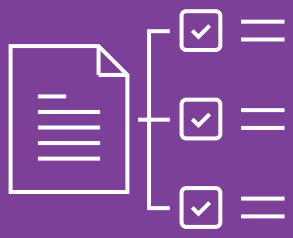
Building on 2026 priorities:

2027

Refine and prioritise

GRANT STRATEGY

(more proactive, targeted funding)



2028

Increase

COLLABORATIVE AND CO-FUNDED GRANTS



2029

Demonstrate

MEASURABLE IMPACT ACROSS:

- Equipment
- Research
- Education
- Patient support

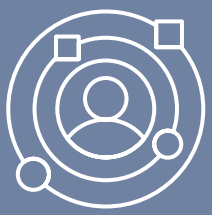


5 Monitoring & Evaluation

Across all three years:



Strengthen
IMPACT MEASUREMENT FRAMEWORK



Embed lived
EXPERIENCE FEEDBACK LOOPS



Publish
ANNUAL IMPACT REPORTS

TRACK:

- Patient reach
- Research outcomes
- Awareness impact
- Funding effectiveness

6 Phasing Overview

2027

BUILD & STRENGTHEN

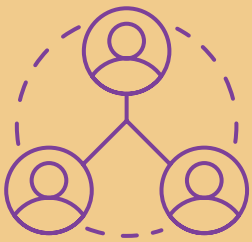
- Systems, partnerships, strategy refinement
- Launch scalable pilots
- Embed co-production



2028

SCALE & EXPAND

- Grow national reach
- Increase funding impact
- Deepen partnerships



2029

INFLUENCE & LEAD

- Shape policy and systems
- Demonstrate measurable impact
- Establish long-term sustainability



7 Strategic Shift Over Time

2026

Awareness campaigns begin

Grants programme active

Partnerships growing

Data gaps identified

Small team delivering

2027–2029 EVOLUTION

National, targeted campaigns

Strategic, impact-led funding

System-wide collaboration leadership

Active role in national data solutions

Scalable, high-impact organisation









