Work-related digital innovations for individuals with poor mental health

SBRI HEALTHCARE

Health Innovation Network
Local change, national impact

Accelerated Access Collaborative

NHS

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Executive Summary

SBRI Healthcare provides a mechanism to signal the challenges that the NHS and the wider system face and invites entrepreneurs to deploy innovative solutions to deliver improved outcomes of care. Our individual competition themes are scoped by working in close collaboration with the Health Innovation Network and frontline NHS and social care staff.

Competition 27 "Work-related digital innovations for individuals with poor mental health" invites breakthrough technologies to address challenges in **Mental Health** focusing on digital solutions across working-age young people, adults and older adults with mental health problems to support individuals return to or remain at work or gain employment. Examples of mental health problems include depression, bipolar disorder, psychosis, anxiety disorders. The ambition is to find **innovative digital solutions** that address specific work-related challenges faced by individuals with poor mental health (presenting with any mental health condition), which have the potential to be provided by the NHS, social care or through employers. The end-users of these digital solutions could be the individuals with mental health problems or employers (for example line managers) supporting them to work with individuals to help them remain in or return to work. The digital solutions will address one of three sub-challenges:

1. Digital interventions targeting work-related risk factors facing working age population (aged 16-64) with mental health problems in employment, that provide rapid support to individuals to help them remain in work[1]
2. Digital interventions that specifically tackle barriers to work facing unemployed working age individuals (aged 16-64) with mental health problems, to support individuals to return to work or gain employment
3. Digital interventions targeting workplace issues/barriers facing working age population (aged 16-64) from disadvantaged communities with mental health problems, to support individuals attain, remain or return to work

Applicants should take all appropriate steps to ensure the proposed innovation would not further exacerbate inequalities, including, but not exclusive to, those from low-income families, marginalised communities, and technologically inexperienced. Applicants are also asked to consider the impact of their innovation on the whole health and care system and to be aware of the competitive environment, even considering working together with other companies and organisations to bring forward solutions that can make a real difference.

Health inequality and equity of access to care (Core20PLUS5) should be a central pillar of any successful innovation, as well as commitment to contribute to the NHS net zero ambitions.

Contracts will be for up to 12 months and £200K (excluding VAT).

[1] Employment defined as paid work – the definition used by the Office of National Statistics: A guide to labour market statistics - Office for National Statistics (ons.gov.uk)

SBRI Healthcare: funding competition

Programme ambitions

The SBRI Healthcare funding competition invites outstanding entrepreneurs working across frontline services and the broader system to put forward breakthrough innovations which address a clearly articulated challenge faced by the NHS and/or the social care community. The aim of the open tender is to facilitate the development and validation of such innovations and build on the value proposition required by commissioners and regulators for NHS adoption and wider commercialisation.

Proposals should concentrate on activities which will significantly contribute to proving the technical and commercial feasibility and/or enhance the evidence generation in real world settings of the proposed innovation.

Accelerated Access Collaborative's priorities

The Accelerated Access Collaborative (AAC) funds the SBRI Healthcare Programme and brings together industry, government, regulators, patients and the NHS. Its ambition is to help the NHS become stronger in supporting clinicians and patients to access new innovations at pace and scale. It does so by removing barriers and accelerating the introduction of ground-breaking innovations which will transform care and supporting the NHS to more quickly adopt clinically and cost-effective innovations, to ensure patients get access to the best new treatments and technologies. Innovations include medicines, diagnostics, devices and digital products.

The AAC ensures that research and innovation meet the needs of the public, patients and the NHS. This includes ensuring that all innovations that are adopted into the NHS can support the following targets:

- Reducing health inequalities and enhancing equity of access to care through the Core20PLUS5 initiative
- Supporting NHS ambitions to be a net zero health service through the 'Delivering a Net Zero NHS' initiative

CORE20PLUS5

NHS England launched the Core20PLUS5 initiative in 2021 and a bespoke Children and young people Core20PLUS5 in 2022 to reduce health inequalities at both the national and system level. The approach defines a target population cohort and five focus clinical areas requiring accelerated improvement. The Core20 are the most deprived 20% of the national population as identified by the national index of multiple deprivation while PLUS are population groups experiencing poorer than average health access, experience or outcomes which are not captured in the Core20 alone.

Delivering a net zero NHS

The NHS strategy also includes ambitions to become the world's first net zero national health service. The "Delivering a Net Zero Health Service" report sets out the ambition and two evidence-based targets:

- To reduce direct emissions (NHS Carbon Footprint) and reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032
- To reduce influenced emissions (NHS Carbon Footprint Plus) and reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

As outlined in the NHS Long Term Plan (LTP), sustainability commitments range from reducing single-use plastics and water consumption, through to improving air quality. The Greener NHS National Programme was formed to drive this transformation, while delivering against broader environmental health priorities.

The Challenge

Background and introduction: Mental health of the working age population in the UK

Mental health is a state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental ill health is complicated and can be a result of many complex issues such as early life experience, poor education, debt, poor housing, family and domestic challenges[2]. When someone has a mental health condition it can impact how they think, feel and behave and can also impact their physical health[3].

Mental health conditions represent the largest single cause of disability in the UK[4], with one in four adults experiencing at least one diagnosable mental health problem in any given year. Where it is not the primary condition, it is often a secondary condition or contributor to a physical health condition[5]. Mental health is one of the leading drivers of economic inactivity in England, with 17 million days lost to sickness and absence due to stress, anxiety or depression, with an individual taking on average 18.6 days off work[6]. The number of adults with a mental health problem that are out of work due to ill health is at a record high and those in work with ill health is rising. Challenges created by mental ill health are particularly pronounced and

[2] What causes mental health problems? - Mind
[3] Difficult feelings and behaviours - Mind
[4] Mental health and wellbeing plan: discussion paper - GOV.UK (www.gov.uk)
[5] Absence Measurement & Management | Factsheets | CIPD)
[6] Statistics - Working days lost in Great Britain (hse.gov.uk)

exacerbated in ethnic minority communities[7], and people in lower income households who are more likely to have unmet mental health treatment requests compared with high income households[8]. High levels of inequality in access to, and experience of, current mental health care is also evident for several other population groups; children and young people; homeless people; lesbian, gay, bisexual, transgender and/or queer/questioning 'plus' (LGBTQ+) people. Evidence also shows that people living with physical or learning disabilities can be more likely to experience poor mental health compared with the general population[9].

The prevalence of poor mental health has grown in recent years, including a sharp rise among younger adults (aged 16 – 34), with the number of people out of work due to "depression, bad nerves or anxiety" rising by 40% between 2019 and 2023[10]. The rise in mental health conditions, especially among younger people, suggests that a greater proportion of working age adults will have varying health needs in future, with a risk of recurrence in their working lives and beyond. Evidence also shows that mental health conditions are often part of a more complex set of needs and the longer an individual is absent from the workforce, the harder it can be for them to return.

Barriers to employment facing the working age population with poor mental health include a growing rise in reported social and emotional issues associated with interactions with people in the workplace, impacting anxiety and confidence levels. For those out of work, repeated unsuccessful job applications or anxiety associated with the workplace environment or conditions, including time management and bullying/incivility, are connected to increased risk for various negative mental health outcomes. Whilst innovations are typically developed to support individuals, there is also a need to consider innovations for the wider workplace ecosystem that support employers (including managers) build confidence, knowledge and behaviours such as proactively offering flexible working arrangements to support people with mental health problems to remain in or return to work[11, 12].

[7] Modernising the Mental Health Act: Increasing Choice, Reducing Compulsion. London: Department of Health; 2018.
[8] Detentions Under the Mental Health Act. London: NHS Digital; 2018
[9] Taylor JL, Hatton C, Dixon L, Douglas C. Screening for psychiatric symptoms: PAS-ADD checklist norms for adults with intellectual disabilities. Journal of Intellectual Disability Research. 2004;48:37–41
[10] Rising ill-health and economic inactivity because of long-term sickness, UK - Office for National Statistics (ons.gov.uk)
[11] Evidence review: Employment support for people with disabilities and health conditions - Learning and Work Institute
[12] Efficacy of a digital mental health training program for workplace managers: a randomized controlled trial Marcos Economides, Rhian Male, Heather Bolton, Kate Cavanagh (pre print)

The table[13] below highlights work related challenges individuals with mental health may experience.

Workplace Based Situations	Impact of Mental Health Problems
Social interaction	Self-doubt, intrusive thoughts, paranoia and low mood can make it difficult to be involved in social situations, whether it be meeting with customers or presenting to colleagues
Concentration and attention	Difficulty with concentration is a common symptoms of mental health problems. Having to finish a report on time, or focus throughout important meetings may become difficult or distressing
Dealing with pressure	Anxiety and low mood may affect the ability to deal with pressure at work, leading to further distress, particularly when coupled with factors like balancing and dealing with pressures from outside of the workplace such as caring responsibilities or financial challenges
Ability to communicate	Mental health problems and anxiety around social interaction can make it difficult to organise thoughts and lead to problems communicating

Improving work-related mental health outcomes (gaining employment, returning to, or remaining in work) in individuals is therefore a priority for NHS England and the government, with urgent need to improve access to care and reduce health inequalities at both national and system level. Furthermore, growing evidence suggests that by entering or remaining in the workplace, individuals with mental health problems improve their mental health outcomes. This is linked to improvements in social inclusion, self-confidence and routine, stronger sense of purpose, and financial income (e.g. stability, value)[14].

Impact on NHS

Mental health events increase the risk of people exiting the workforce. Analysis by the Institute for Public Policy Research shows a mental health event increased the likelihood of workforce

[13] supporting-people-with-mental-health-problems-into-sustainable-employment-2016.pdf (mind.org.uk)
[14] Mental health at work (who.int)

exit, 71% and 112% respectively in the pre-pandemic and pandemic periods[15]. The declining health of the workforce is a long-term issue that poses a challenge for the NHS. Despite a well-recognised need for early interventions, current services have not been able to keep up with the increasing demand, thus trend projections have forecasted significant additional pressures on services.

Mental Health is a key focus of the NHS Long Term Plan and The Five Year Forward View for Mental Health, which aim to scale the use of digital health tools to allow people to manage their own health and care for those where it is clinically appropriate. The Department of Health and Social Care (DHSC) Major Condition Strategy, also outlines commitments under mental health which aim to alleviate pressure on the health system, as well as support the government's objective to increase healthy life expectancy and reduce labour market inactivity (i.e. reduce the proportion of people out of work and not actively looking for work).

Mental health has traditionally lagged behind other areas of healthcare in the development and application of new technology. Considering high unmet need, NHS England and DHSC have endorsed a number of ambitious mental health transformation programmes to accelerate the delivery of digital innovations to address unmet need and deliver benefits to public, patients, staff and the NHS. The development of new technology is needed, particularly those that target improvements in work-related mental health outcomes by addressing workplace-based issues (i.e. stressors). These digital innovations aimed to support the working age population with mental health problems have the potential to minimise risk of individuals exiting the workforce due to the impact on health, quality of life and employment. Thus, the application of digital interventions for the working age population with poor mental health have the potential to improve mental health and well-being, support workforce attainment and retention, and improve the provision of quality care[16], reducing the impact on the NHS along with increasing economic activity.

Role of digital innovation in improving work-related outcomes for the working age population with mental health problems

The number of people experiencing problems with their mental health is growing and whilst this is due to complex factors, work related issues can influence the development and exacerbation of negative mental health outcomes amongst the working age population. Therefore, increased investment and continued transformation of mental health service provision is needed to keep

[15] Healthy people, prosperous lives: The first interim report of the IPPR Commission on Health and Prosperity | IPPR)
[16] Mental health at work (who.int)

up with this demand and to ensure people access the right tools and support at an early stage, to get the help needed to prevent mental health problems from escalating. People including those at risk of being out of work, may not be accessing the help they need due lack of availability, lack of accessibility or due to the stigma that still exists in this area[17].

Digital innovations can offer the opportunity to target support to those at risk of exiting employment when mental health starts to deteriorate and to tackle barriers to work amongst those with mental health problems out of work, to increase their ability to attain or return to work. Digitals tools can improve access to help and support, by being accessible at any time and from anywhere, providing help on demand without the long waits often needed for in-person support. They can also empower people by putting information about their care in their hands and allow a more personalised service[18]. Additionally, they are convenient, easy to use, and can be delivered in a way that is anonymous. These attributes help to overcome much of the stigma that continues to be associated with mental health issues[19] supporting more people to receive the help they need.

Accessing traditional mental health services[20] can be challenging for the working age population (aged 16-64) due to stigma, inconvenient access and long waiting lists. The NHS is keen to consider additional ways of offering people accessible support, using digital technology to improve outcomes. The focus of this competition will be on digital technologies that have the capability to address work-related challenges faced by individuals with poor mental health that aim to minimise risk factors (e.g. work-related stressors) and or enhance protective factors (e.g. development of skills and capabilities), to support people so they remain well in work or return to employment. It is intended to be an addition to usual care for the presenting mental health condition and not a replacement. Digital technologies including (but not limited to) problem-solving based interventions and psychological interventions targeting individuals, peer or organisational support. They should aim to improve employee's ability to function considering individuals' capability and motivation to manage confidence, knowledge and behaviours around mental health. Technologies should seek to be accessible at any time and from anywhere, providing help on demand. They should also be simple, convenient and easy to use.

[17] Using digital technology to support employees' mental health | McKinsey
[18] Mental health and wellbeing plan: discussion paper - GOV.UK (www.gov.uk)
[19] Using digital technology to support employees' mental health | McKinsey
[20] https://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/treatment-options/

Sub-challenges

Under the overall theme of "Work-related digital innovations for individuals with poor mental health," three sub-challenges have been identified via consultation with clinicians and other stakeholders working in provision of care across the spectrum.

Applicants are expected to respond to one or more of the categories and should consider if their solution is specific to or can be tailored to one of the categories, whilst being mindful of the broader impact on the Mental Health care system.

Sub-Categories

1. Digital interventions targeting work-related risk factors facing the working age population (aged 16-64) with mental health problems in employment, that provide rapid support to individuals to help them remain in work
2. Digital interventions that specifically tackle barriers to work facing unemployed working age individuals (aged 16-64) with mental health problems, to support individuals to return to work or gain employment
3. Digital interventions targeting workplace issues/barriers facing the working age population (aged 16-64) from disadvantaged communities with mental health problems, to support individuals attain, remain or return to work

As part of the feasibility study, innovators are expected to generate and evaluate the proposed concept by integrating an evaluative approach to the viability, desirability, and feasibility of a product, to demonstrate the potential effectiveness, value and applicability of the proposed approach for potential users. Key consideration should be given (but not limited to) the following statements:

- How and why does the technology target work-related issues and help people with mental health problems remain in work or return to/gain work (i.e. what specific issues is the technology addressing and how does it consider the individuals capability and motivation to manage confidence, knowledge and behaviours around mental health)?
- How does the technology support prevention, engagement, management and/or recovery?
- How will safety and efficacy be achieved and demonstrated?
- What is the potential benefit the technology can help to deliver? What are the potential risks or implications that need to be considered?
- How can the tool be effectively implemented at scale?

Sub-challenge 1 – Digital interventions targeting work-related risk factors facing the working age population (aged 16-64) with mental health problems in employment, that provide rapid support to individuals to help them remain in work

Background

It is particularly important to think about how to engage with young people, adults and older adults that are at risk of leaving work due to mental health conditions. Work-related risk factors for those with mental health problems include (but are not limited to) anxiety associated with the workplace environment or conditions, social interactions (including isolation and exclusion), their skills and competencies. Furthermore, the development of a supportive workplace culture, free from the stigma, is key to allow people to 'thrive' at work and is a priority for government[21]. We are keen to hear from innovators that have developed new and better ways to effectively address workplace-based issues, to help more individuals with mental health problems, succeed in the workforce. Digital innovators are expected to propose convincing solutions that target work-related issues that minimise the risk of individuals with poor mental health leaving the workforce. We are keen to find solutions that maximise the opportunities to create enabling, non-toxic environments, with positive work culture for the working age population to access support in a timely manner. Interventions could be designed to support individuals or deliver tailored support on a peer-to-peer or group level, ensuring employers can work together effectively with an individual (e.g. manager, team, wider support network).

Potential solutions and strategies include (but are not limited to):

- Accessible and transformative digital interventions for the working age population in employment with a mental health condition, with a strong focus on addressing work-related stressors/ anxieties
- Accessible and transformative digital interventions for the working age population in employment with a mental health condition, with a strong focus on enhancing protective factors (e.g. development of skills, capabilities, knowledge, confidence, and resilience in addressing work-related issues through support self-management)
- Tailored support for employers (e.g. organisations and managers) addressing work related-risk factors of the working age population with mental health conditions, to ensure their employees can access support equally and in a timely manner

Innovators must consider how the proposed solution will contribute to addressing health inequalities, such as demographic and geographic disparities[22], and it is expected that applicants will provide details on how they will address these. For example, how they will ensure that the innovation enhances equity of access (e.g. taking account of underserved ethnic or economic groups) and serve vulnerable groups (e.g. the homeless, those with addiction or substance misuse, within the criminal justice system, those with disabilities and/or learning disabilities) how accessibility of digital solutions will be overcome to guarantee access for all individuals.

[21] https://www.gov.uk/government/publications/thriving-at-work-a-review-of-mental-health-and-employers
[22] Modernising the Mental Health Act: Increasing Choice, Reducing Compulsion. London: Department of Health; 2018.

Sub-challenge 2 – Digital interventions that specifically tackle barriers to work facing unemployed working age individuals (aged 16-64) with mental health problems, to support individuals to return to work or gain employment

Background

We are keen to hear from innovators that have developed new and better ways to tackle barriers to work facing individuals with poor mental health that are unemployed, to support them gain or return to employment and reach their potential within the workplace. This should include those out of work for long periods and where a career change is needed to better fit the individual's circumstances. Multiple barriers to attaining or returning to work for individuals with poor mental health exist, and areas of focus could include (but are not limited to) skill mix, time management, social skills (including interaction with colleagues/customers, written and verbal communication), self-confidence and problem-solving skills. It is particularly important that innovators consider the similarities, unique differences and needs between young adults and older adults.

Potential solutions and strategies include (but are not limited to) accessible and transformative digital interventions targeting barriers to work facing working age adults out of work with a mental health condition, with a strong focus on minimising risk factors or enhancing protective factors (e.g. development of skills and capabilities).

Innovators must consider how the proposed solution will contribute to addressing health inequalities, such as demographic and geographic disparities[23,24], and it is expected that applicants will provide details on how they will address these. For example, how they will ensure that the innovation enhances equity of access (e.g. taking account of underserved ethnic or economic groups) and serve vulnerable groups (e.g. the homeless, those with addiction or substance misuse, within the criminal justice system, those with disabilities and/or learning disabilities); how accessibility of digital solutions will be overcome to guarantee access for all individuals.

Sub-challenge 3 - Digital interventions targeting workplace issues/barriers facing the working age population (aged 16-64) from disadvantaged communities with mental health problems, to support individuals attain, remain or return to work

Background

[23] Modernising the Mental Health Act: Increasing Choice, Reducing Compulsion. London: Department of Health; 2018.
[24] Mental health inequalities: factsheet - Centre for Mental Health

The worsening work-related mental health outcomes of individuals from ethnic minority background, low-income backgrounds or areas of social deprivation, and the avoidable and unfair systematic differences in health outcomes between these different groups, make it a priority for NHS England to explore ways in which technology targeted at addressing the challenges facing these communities could support a more equitable access to care and reduce health inequalities at both national and system level.

Potential solutions and strategies include (but are not limited to) accessible and transformative digital interventions that drive health and work outcomes (e.g. sustain employment, mental health stability at work, job satisfaction) specifically for disadvantaged communities: ethnic minorities, low income, and/or those with low digital and health literacy.

Particular emphasis is placed on how the proposed solution will contribute to addressing health inequalities, such as demographic and geographic disparities[25,26], and it is expected that applicants will provide details on how they will address these, e.g. provide details on the population that the intervention will affect and how it will effectively improve work-related mental health and employment outcomes in that population, how it can improve equity; how they will ensure that the innovation enhances equity of access (e.g. taking account of underserved ethnic or economic groups) and also serve vulnerable groups (e.g. the homeless, those with addiction or substance misuse, within the criminal justice system, those with disabilities and/or learning disabilities); how accessibility of digital solutions will be overcome to guarantee reach in deprived populations (including those living in remote or rural areas).

[25] Modernising the Mental Health Act: Increasing Choice, Reducing Compulsion. London: Department of Health; 2018.
[26] Mental health inequalities: factsheet - Centre for Mental Health

Useful Information for Applicants

Eligibility

The competition is open to innovations at any stage of development from testing the technical and commercial feasibility to generating evidence in real world settings.

The competition is open to single organisations (contracts are executed with individual legal entities) based in the UK or EU from the private, public, and third sectors, including companies (large corporates and small and medium enterprises), charities, universities and NHS providers, as long as a strong commercial strategy is provided. Organisations based outside the UK or EU with innovations in remit for this call can apply as subcontractors of a lead UK/EU based organisation or via a UK or EU subsidiary.

Collaborations are encouraged in the form of subcontracted services as appropriate.

Innovations excluded from this competition

There are a number of technologies or types of solutions which are already available or will not make a significant impact on the challenges addressed in this brief. These are listed below.

- Non digital solutions
- Physical health innovations
- Wellness or wellbeing digital applications on healthy diet and/or physical exercising
- Innovations targeting comorbidities
- Innovations not specific for working-age young people, adults and older adults with mental health problems to support individuals return to or remain at work or gain employment (including general mental health innovation that are not specific to work-related issues/ barriers)
- Technologies for use by those under 16 years of age
- General symptom monitoring tools
- Mood diary or self-help, organiser apps, Employee Assistance Programmes (EAP), Mental Health First Aid
- General mental health improvement technologies used within NHS Talking Therapies services (e.g. Digitally Enabled Therapies which are tools which deliver a substantial portion of the intervention online and are delivered with the support of a clinician)
- Any technologies that negatively impact staff workloads and that require high upfront capital investment by clinical services
- Solutions that will not easily integrate with NHS/community setting systems.
- Technologies that will exacerbate health inequalities (including digital exclusion or data inequalities) and inequity of access to care
- Technologies that do not comply with GDPR policies.

- Innovations that are not co-designed with end users (i.e., developed without their direct input)
- Digital tools not underpinned by evidence-based behaviour change models (e.g.COM-B model)

Additional considerations

Those submitting applications are also asked to consider:

- How will the proposed solution impacts on the health and care system and how will the system need to be changed (including people, processes and culture) to deliver system-wide benefits?
- How will it be ensured that the innovation will be acceptable to the public and /or patients (and their families and wider support network) and to health and social care workers? How could these groups be involved in the design of a solution and its development? Bids must show a strong element of meaningful co-creation with service users.
- How will you ensure that the innovation is affordable to the NHS and wider system, such as Integrated Care Systems (ICSs) both immediately and throughout the life of the product?
- Consideration must be given to evidence-based behaviour change models in the design and development of a solution e.g. Capability, Opportunity and Motivation model of behaviour (COM-B) - a framework for understanding behaviour in its context and developing interventions to change behaviour: A-Guide-to-Using-Behavioural-Science_ENGLISH-5-1.pdf (phwwhocc.co.uk)
- What evidence, both health economics and delivery of true impact and effectiveness, will the NHS and wider system require before the technology can be adopted?
- How will you ensure that the innovation enhances equity of access (e.g. takes account of underserved ethnic or socio-economic groups) and considers Core20PLUS5? Consideration must be given to ensure that the proposed innovation would not exacerbate inequalities and should provide a mitigation to reduce such inequalities, e.g. low income, ethnic minorities, technologically inexperienced, disabled, marginalised, low digital literacy, those who do not speak English etc.
- How will the innovation support the NHS's commitment to reach net zero carbon? Applicants will be asked to provide information on the steps they have taken to identify the carbon pathway and the consequences of the proposed solution on carbon emissions.
- All proposed technologies should take into consideration appropriate integration with electronic patient records (EPR) where appropriate.

SBRI Healthcare Programme

This SBRI Healthcare competition is being launched by the Accelerated Access Collaborative (AAC) in partnership with NHS England's Digital Innovation Team and the Health Innovation Network to identify innovative new products and services. The projects will be selected primarily on their potential value to the health service and social care system and on the improved outcomes delivered for those in receipt of care.

The contracts awarded will be for a maximum of 12 months and £200,000 (NET cost, excluding VAT) per project.

Developments will be 100% funded and suppliers for each project will be selected by an open competition process and retain the intellectual property rights (IPR) generated from the project, with certain rights of use retained by the NHS.

SBRI Healthcare application process

This competition is part of the Innovate UK Contracts for Innovation, formerly known as Small Business Research Initiative (SBRI) programme, which offers innovative organisations the chance to work directly with the public sector to solve complex challenges:

- It enables Government departments and public sector agencies to procure new technologies faster and with managed risk.
- It provides vital funding for a critical stage of technology development through demonstration and trial – especially for early-stage companies.

The scheme is particularly suited to small and medium-sized businesses, as the contracts are of relatively small value and operate on short timescales for Government departments. Thus, it is an opportunity for new companies to engage a public sector customer pre-procurement.

For more information about Contracts for Innovation, visit: Contracts for Innovation - Innovate UK Business Connect (ktn-uk.org)

SBRI Healthcare is managed on behalf of NHS England by LGC Group. All applications should be made using the application portal which can be accessed through the Research Management System. Applicants are invited to consult the Invitation to Tender, and the How to Apply and FAQ pages on the SBRI Healthcare website to help prepare their proposal, along with attending supporting webinars and Q&A sessions.

A briefing event for organisations interested in finding out more about the competition will be held on 08 October 2024, 09:30 – 11:30 BST. An additional webinar event to provide tips to apply and respond to potential applicants' questions will be held on 29 October 2024, 09:30-11:00 GMT. Please check the SBRI Healthcare website for confirmation of dates, information on how to register, and details of the competition.

Key dates

Competition launch	09 October 2024
Deadline for applications	13 November 2024 (13:00 GMT)
Assessment	November-December 2024
Project start	February 2025

More information

For more information on this competition, visit: SBRI Healthcare website

For any enquiries email: sbri@LGCGroup.com

SBRI HEALTHCARE

Health Innovation Network
Local change, national impact

Accelerated Access Collaborative

NHS