

SBRI Healthcare – Competition 19

Phase 3

**Welcome to the Webinar, we will
start shortly**



Housekeeping

- Thank you all for taking the time to join
- Feel free to ask questions in the Q&A box as we go along, and we will answer them in the Q&A sessions
- Please flag any technical issues in the chat
- The slides and the recording will be uploaded on SBRI Healthcare website next week
- For further enquiries: sbri@lgcgroup.com

Agenda

09:30	Welcome and introductions	Dr Fanny Burrows
09:35	Introduction and overview of the SBRI Healthcare Programme and competition 19	Professor Michael Lewis
09:50	Health Inequalities in Children and Young People's Mental Health	Professor Tim Kendall
10:05	NHS Reset and Recovery and New Ways of Working	Mrs Katy Heaney
10:20	Clinical Q&A session	
10:45	The AHSNs	Mrs Carole Spencer
11:00	The application and assessment process	Dr Xi Ye
11:10	Q&A session	
11:30	Closing remarks	Dr Fanny Burrows



Mike Lewis is joint Director of the NIHR i4i and SBRI Healthcare programmes, the industry-focused research arms of NIHR and NHSE/I respectively.

Mike is Professor of Life Science Innovation at the University of Birmingham. He has an extensive industrial background in life sciences and digital innovation in healthcare having previously held senior roles at Align Technology (Amsterdam), Boston Scientific (Paris), C.R. Bard (New Jersey), Sybron (Switzerland) and Becton Dickinson (UK). He was President of Gambro (Sweden) in the £3bn public to private buyout.

Mike has worked for numerous private equity and venture capital organisations and has a deal sheet valued at more than \$5bn including IPOs in London and New York. He is Chair of three life science companies and sits on the Board of SNOMED, the global medical coding standardisation system, and the Executive Board of Birmingham Health Partners.





SBRI Healthcare

Small Business Research Initiative

Professor Michael Lewis

Joint Programme Director for SBRI Healthcare
and NIHR i4i

24 August 2021



The **AHSN** Network



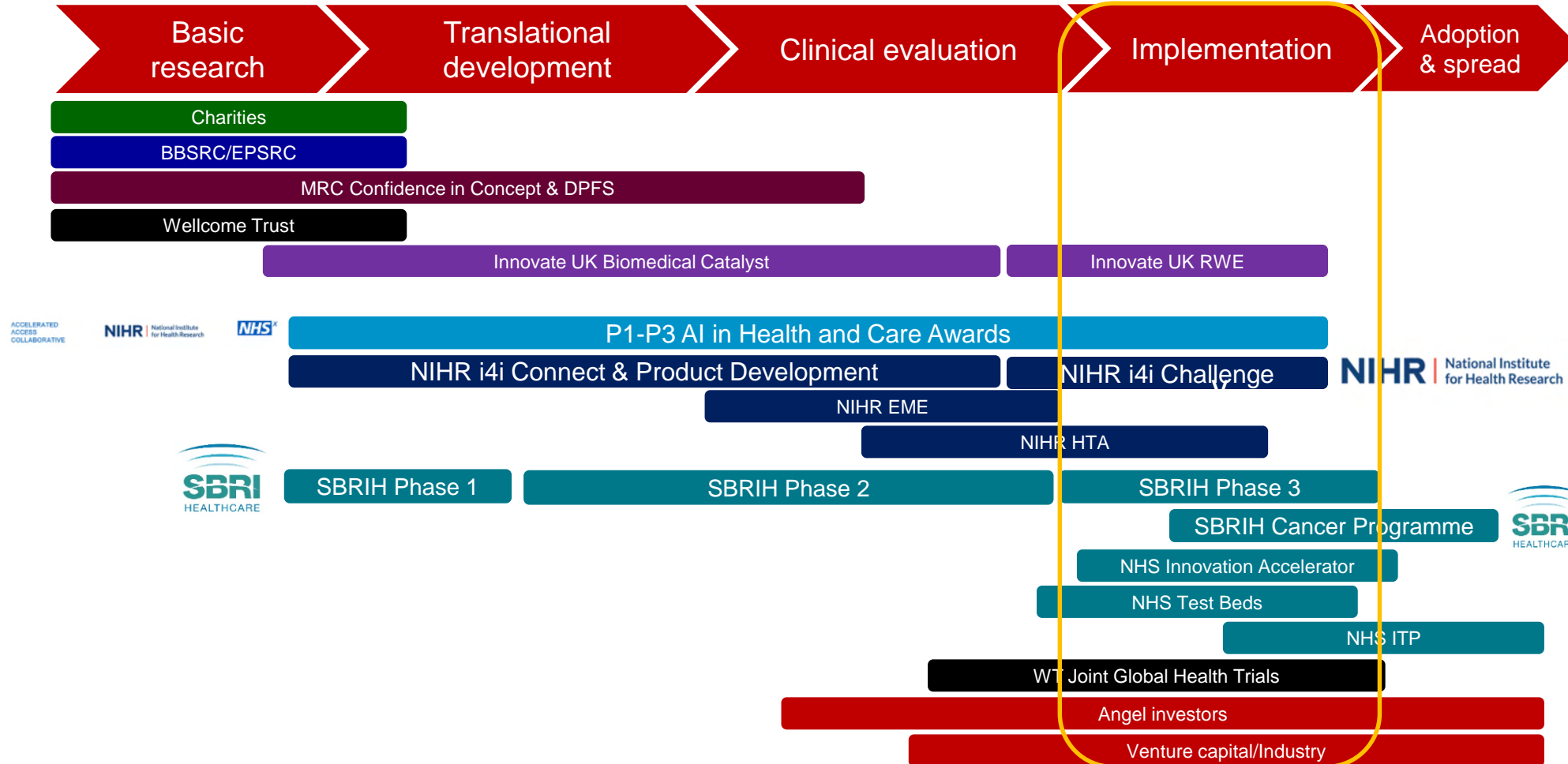
What innovation looks like



VS



Funding landscape



SBRI Healthcare

- Pan-government, structured process enabling the public sector to engage with innovative suppliers.
- NHS England and NHS Improvement programme managed by LGC Group (since April 2019), supported by the Academic Health Science Network (AHSN)



Improve patient care



Increase efficiency in the NHS



Enable the NHS to access new innovations through R&D that solve identified healthcare challenges and unmet need



Bring economic value and wealth creation opportunity to the UK economy

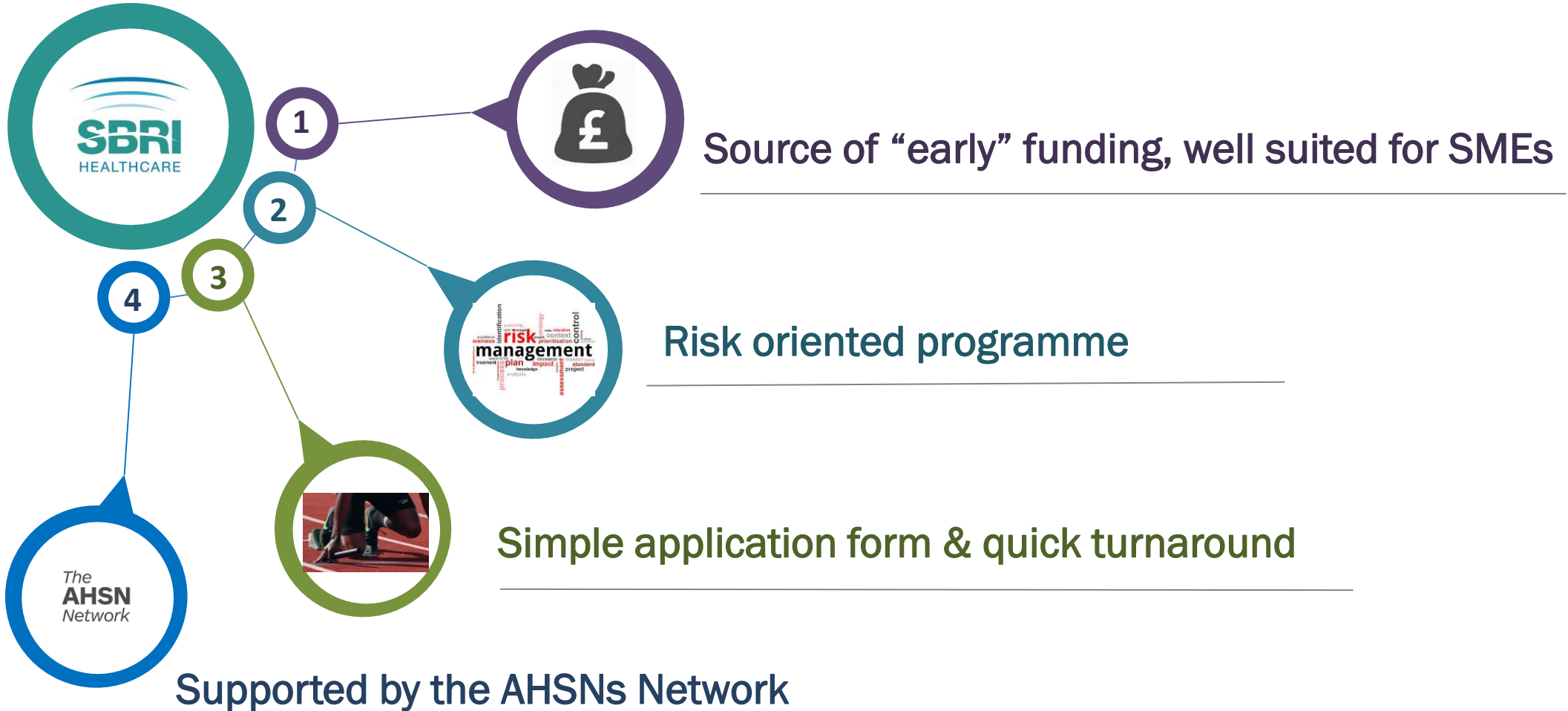
Academic Health Science Network (AHSN)

A connected
‘Network of
Networks’



The **AHSN** Network

SBRI Healthcare - Features



SBRI Healthcare - Features

What we fund



- 100 % SME costs / incl. VAT
- Labour costs
- Material costs (incl. consumables)
- Capital Equipment Costs
- Sub-contract costs
- Travel and subsistence
- Other costs specifically attributed to the project
- Indirect costs
- **Applications assessed on Fair Market Value**

Contracting



- UK implementation of EU Pre-Commercial Procurement
- IP rests with supplier with certain usage rights with Public Sector
- Contract terms are non-negotiable
- Single applicant (partners are sub-contractors)
- Milestone driven payments (quarterly upfront)

Monitoring



- Light touch monitoring
- Risk-based approach
- Written reports and face-to-face meeting

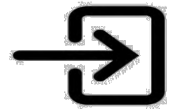


SBRI Healthcare – Phase 3

- Response to consultation with stakeholders
- First pilot SBRI Healthcare competition with a focus on implementation of innovations
- Independent from SBRI Healthcare Phase 1 and Phase 2
- Support gathering of evidence to facilitate adoption and procurement

SBRI Healthcare – Phase 3

Project duration maximum 9 months, and up to £500,000



Entry point

- Regulatory approvals in place (or close to obtaining CE / UKCA approval), and/or
- Devices in use in at least 1 Trust/setting;
- Efficacy / safety demonstrated;



Project

- Implementation study
- Technology refinement
- Health economic assessment
- Evaluation of outcomes



Exit point

- Demonstrated success of implementation
- Demonstrated partnership with proposed service
- NICE appraisal / submission
- Health economics
- HealthTech Connect / NHS Innovation Service

SBRI Healthcare – Challenges Competition 19

Mental Health Inequalities in Children and Young People

- Mental health service/support improvement
- Equity of mental health service access/support for disadvantaged, marginalised, or BAME communities

NHS Reset and Recovery and New Ways of Working

- Reducing NHS workforce pressure
- Improving NHS effectiveness



SBRI Healthcare – Eligibility

What this is for

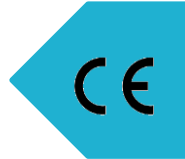
Innovation type

Medical devices, digital health and equipment, behaviour intervention and new models of care



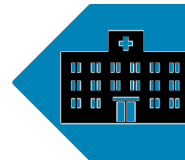
Stage of development

Mature innovations, with strong evidence base, regulatory approvals and/or in use at least in 1 Trust.



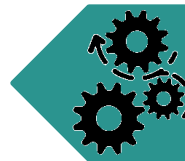
Organisations

Any size organisation from the private, public and third sector (including charity) based anywhere in Europe.



Project type

Implementation studies, developing evidence for adoption



What this is not for

Innovation type

Drugs/therapeutics, innovations developed without input from the appropriate public/patient/healthcare professionals

Stage of development

Innovations at early stage of development

Organisations

Organisations outside of Europe

Project type

Basic research, early stage product development



SBRI Healthcare – Competition 19

Key dates

Call Launch	24 August 2021
Application deadline	13 October 2021 (13:00 GMT)
Assessment	October / November 2021
Selection Panel	13-14 January 2022
Contract award	February 2022


SBRI Healthcare – Portfolio snapshot

 **74**
Companies with
commercial
revenues

38 
products exported


60
Companies with
sales in the NHS


135 
IP granted

1,483 
jobs
created/retained

£49m+
revenue generated


£300m+
Private investment
leveraged


669
New collaborations
established

>6.6m
patients involved
through sales and
trials




5,630
Sites accessed
through trials of
sales



SBRI Healthcare

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[@SBRIHealthcare](https://twitter.com/SBRIHealthcare)

Health Inequality in Children and Young People's Mental Health

Professor Tim Kendall
National Clinical Director for Mental Health
August 2021

NHS England and NHS Improvement





Tim Kendall was appointed as National Clinical Director for Mental Health for the NHS in England in April 2016, providing clinical expertise and strategic advice across government and the NHS. He chairs a number of government and multi-agency committees to implement national mental health strategy and leads programmes including those around the impact of COVID, suicide reduction, talking therapies and digitalisation. He also represents the NHSE at Parliamentary Health Select Committees, All-Party Parliamentary Groups, Ministerial Roundtables and international forums.

NHS England and NHS Improvement



'A million for a billion' – MH Five Year Forward View 2016-2021

At least 70,000 more **children** will access evidence based mental health care interventions (equivalent to 35% of prevalence)

Intensive home treatment will be available in every part of England as an alternative to hospital.

No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the 'core 24' service standard

At least 30,000 more women each year can access evidence-based specialist perinatal mental health care

10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017

Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year

The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled

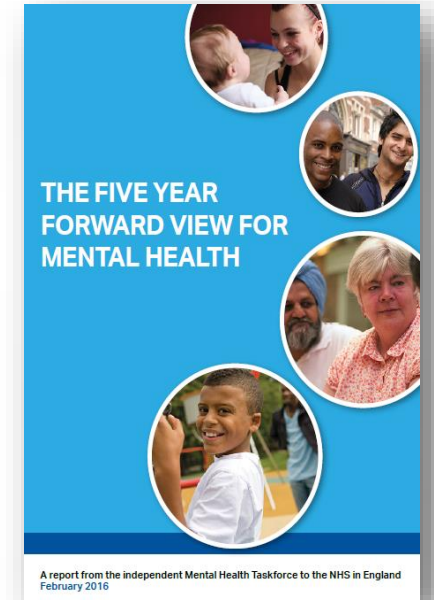
280,000 people with SMI will have access to evidence based physical health checks and interventions

60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks including **children**

Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care

New models of care for tertiary MH will deliver quality care close to home reduced inpatient spend, increased community provision including for **children and young people**

There will be the right number of CAMHS T4 beds in the right place reducing the number of inappropriate out of area placements for **children and young people**



The NHS Long Term Plan ambition is that by 2028/29 that 100% of children and young people who need specialist mental health care can access it.



Eating Disorders

- Boost investment in children and young people's eating disorder services to continue seeing 95% of urgent cases within 1 week, and within 4 weeks for non-urgent cases.

Access

- MHSTs form part of the commitment that by 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access NHS-funded mental health services

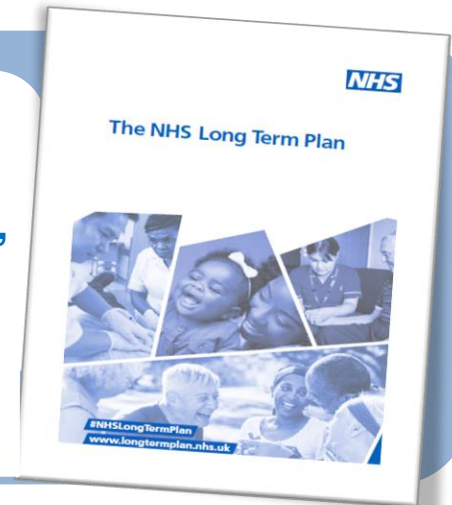
Crisis Services

- With a single point of access through NHS 111, all children and young people experiencing crisis will be able to access crisis care 24 hours a day, 7 days a week by 2023/24

Mental Health Support Teams (MHSTs)

- MHSTs working in schools and colleges – early intervention and whole school approach across 20-25% of country by 2023 (will now be delivered in 2022)

Comprehensive offer for 0-25 year olds integrated across health, social care, education, and the voluntary sector to address health inequalities



Whole pathways, including inpatient beds

- Extension of New Models of Care/Provider Collaboratives continue to drive integrated pathways

Four Week Waiting Times

- Test approaches that could deliver 4ww times for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist MH services

Digital Therapies


- Develop digitally enabled care pathways for children and young people in ways which increase inclusion


Wider Commitments


- Additional investment in Youth Justice services
- Reduced waiting times and increased support for children and young people with learning disabilities and/or autism
- 6,000 highly vulnerable children with complex trauma will receive consultation, advice, assessment, treatment and transition into integrated services


Increased spend and transformation has led to expansion in CYPMH services



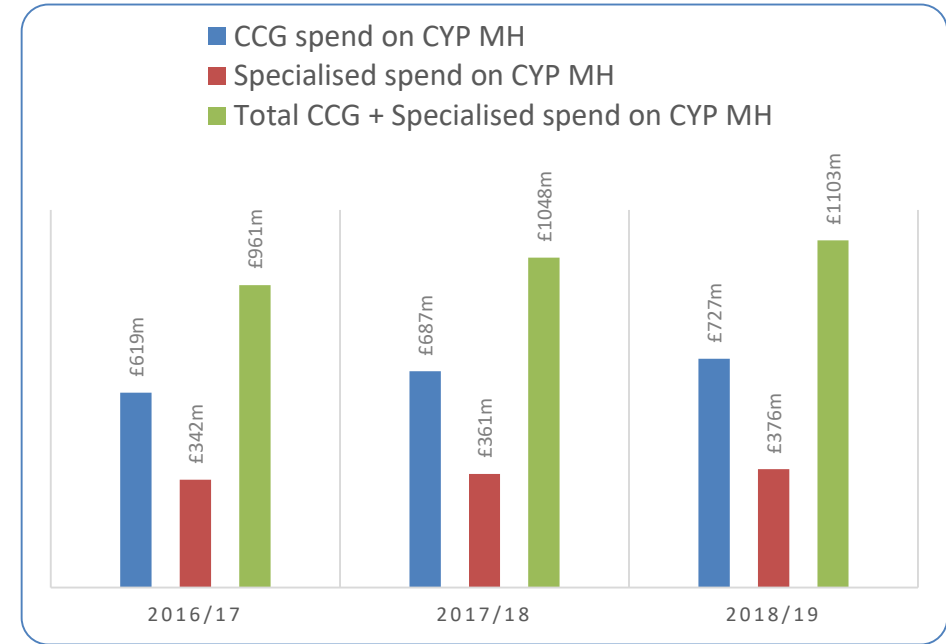
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The FYFVMH access ambition has been exceeded. In 2020/21 589,705 CYP had at least one contact and of those 420,404 had at least two contacts. An access rate of 39.6% per cent against 2004 prevalence (target 35%).
- 

CYP eating disorder services cover the country, with a target to see 95% of urgent cases in one week, and routine cases in four weeks.
- 

Over 180 new Mental Health Support Teams are operational or in training in education settings, with further cohorts starting in November 2020. We will meet the 20% to 25% commitment a year early (by 2022) and expect to reach 400 teams covering c.35% by 2023/24.
- An increase in comprehensive crisis offer (crisis assessment, brief response and intensive home treatment) being commissioned and significant growth in services operating 24/7 or over extended hours.
- NHS spend on CYPMH has increased year on year.
- CYP IAPT change programme has been rolled out across 100% of the country and is now business as usual with existing and new staff trained to deliver evidence-based therapies
- 

Re-distribution of inpatient beds to provide more beds across a range of needs and in places where previously there were no beds
- 20% increase in core CYPMH workforce posts, with a 23% increase in WTE in NHS Trusts, between 2016 to 2019.
- 13 Community Forensic CAMHS regional teams implemented and delivering.
- For CYP in the justice and welfare secure estate: roll out of the Framework for Integrated Care, SECURE STAIRS evidence-based interventions.



* Although two contacts is viewed as a proxy for treatment, more recent evidence shows that in many cases one contact can deliver appropriate support or treatment depending on the nature of the presenting problem. The NHS commissions mental health support and treatment from a wide range of partners including the NHS, VCSE and Independent sector. The prevalence target agreed within FYFVMH was based on the 2004 ONS prevalence.

Impact of COVID 19 on CYP and their families



- Children and young people have been affected by the pandemic either directly or through associated factors such as, loneliness, financial problems, parental mental health issues and exposure to domestic violence.
- Social distancing and stay at home guidance/school closures, have likely had an adverse effect on the mental health and wellbeing of CYP.
- Whilst many CYP have retained some access to mental health support during this period, a lack of access to support has been associated with worse mental health and wellbeing for some CYP.
- Some evidence suggests that young people from Black, Asian and Minority Ethnic backgrounds have experienced higher rates of mental health and wellbeing concerns
- Parents reported that CYP with Special Educational Needs and Disabilities have been negatively affected by the pandemic
- We are working with the team leading real-time surveillance of England's National Child Mortality Database to maintain vigilance over any signs that deaths by suicide in CYP may have increased during the lockdown period

How do CYP and their families view the impact of Covid-19?

- YoungMinds [carried out a survey with young people](#) with a history of mental health needs at the start of the lockdown period
- **83% of respondents stated that it had made their mental health either 'a bit worse' or 'much worse'**
- YoungMinds carried out [a survey with more than 1,850 parents and carers](#) Apr-May 2020
- **67% of respondents** agreed that they are concerned about the long-term impact of the coronavirus on their child's mental health
- **This rose to 77%** among parents and carers whose children had required mental health support in the previous three months

CYP Mental Health – What the data are telling us

(Prevalence 2017 & 2020)



- Prevalence of any 'mental disorder' (5-16 years):
 - 10.8%** in **2017** to
 - 16.0%** in **2020**
- Applying the newer prevalence estimates to 2020/21 access numbers changes the *indicative* access rate. The surveys are not directly comparable and caution is advised.
 - 39.6%** (based on 2004)
 - 36.9%** (based on 2017)
 - 29.5%** (based on 2020)
- Prevalence far higher for **young women aged 17-22 (27.2%) compared with 13.3% of young men.**
- The data show the rise in probable disorder contrasts with a reduction in those with a *possible* disorder (**13.7%** of all 5-16 year olds in **2017** compared to **9.6%** in **2020**).
- The proportion of **those unlikely to have a disorder has stayed relatively stable** (75.4% of all 5-16 year olds in 2017 compared to 74.4% in 2020).

Prevalence (and 95% confidence intervals) of any mental disorder in children and young people in England by age and sex, 2020

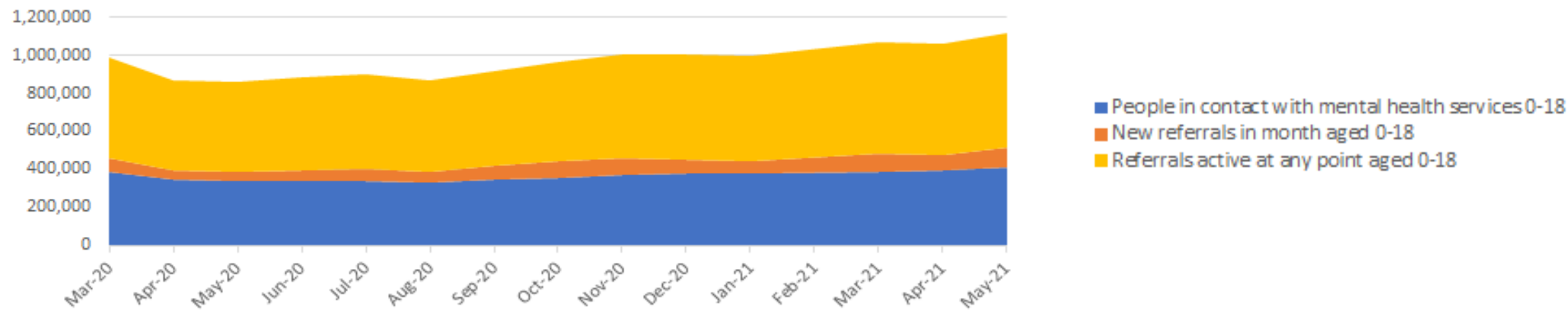
	Boys	Girls	All
5 to 10 year olds	17.9 (14.7 to 21.2)	10.8 (8.3 to 13.3)	14.4 (12.4 to 16.5)
11 to 16 year olds	15.3 (12.2 to 18.4)	20.1 (16.5 to 23.7)	17.6 (15.3 to 20.0)
17 to 22 year olds*	13.3 (8.9 to 17.7)	27.2 (22.5 to 31.9)	20.0 (16.9 to 23.2)
All 5 to 16 year olds	16.7 (14.4 to 18.9)	15.2 (13.0 to 17.4)	16.0 (14.4 to 17.6)

- 30.2%** of children whose parent experienced psychological distress had a probable mental disorder
- For 5 to 16 year olds, **18.8%** of children of White ethnic backgrounds had a probable mental disorder in 2020, compared with **7.5%** of children of Black and Minority Ethnic (BME) backgrounds.
- Rates of probable mental disorder increased for children of White ethnic backgrounds since 2017 (from 13.1%). Although rates appeared to also increase for children of BME background, this increase was not statistically significant. However the report advises caution interpreting data on ethnicity due to low numbers in the sample.

Referrals and access numbers have risen and more CYP are receiving mental health support from the NHS than ever before.



CYPMH activity during Covid-19



	Mar-20	Apr-20	May-20	Jun-20	July-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb -21	Mar-21	Apr-21
People in contact with mental health services 0-18	384,581	350,815	338,450	335,796	338,834	332,742	343,036	357,191	372,533	378,642	376,598	389,075	393,282	410,258
New referrals in month aged 0-18	72,532	41,411	46,262	58,890	66,239	51,357	73,158	85,575	88,662	74,196	67,412	98,112	85,598	101,421
Referrals active at any point aged 0 to 18	532,067	479,251	472,926	488,512	494,844	483,466	500,622	524,908	546,038	554,355	550,743	583,235	580,674	605,088

Additional resources are being made available to help meet need post COVID-19



2020/21 Spending Review - £79m to boost MH support for CYP

- Mental Health Support Teams, who provide early intervention on mental health and emotional wellbeing issues within schools and colleges, will be expanded over 6 times to support nearly 3 million children from the 59 established by last March to around 400 by April 2023.
- Funding will also allow around 22,500 more children and young people with conditions such as anxiety or depression to access community mental health services, including talking therapies.
- Children and young people facing a mental health crisis will continue to get support through 24/7 crisis lines and will benefit from additional funding to support follow-up crisis treatment at home where necessary.
- The funding will also boost capacity in Eating disorder services, for conditions like anorexia and bulimia, by around 2,000 children and young people.

Additional Funding Specialised Commissioning -£40m over 3 years

- £30m to support specialised services including inpatient/ day treatment services and home treatment services
- Particular focus to support CYP with eating disorders
- Funding will also support training and workforce development
- £10m capital funding to support extra beds/units and alternatives to admission.

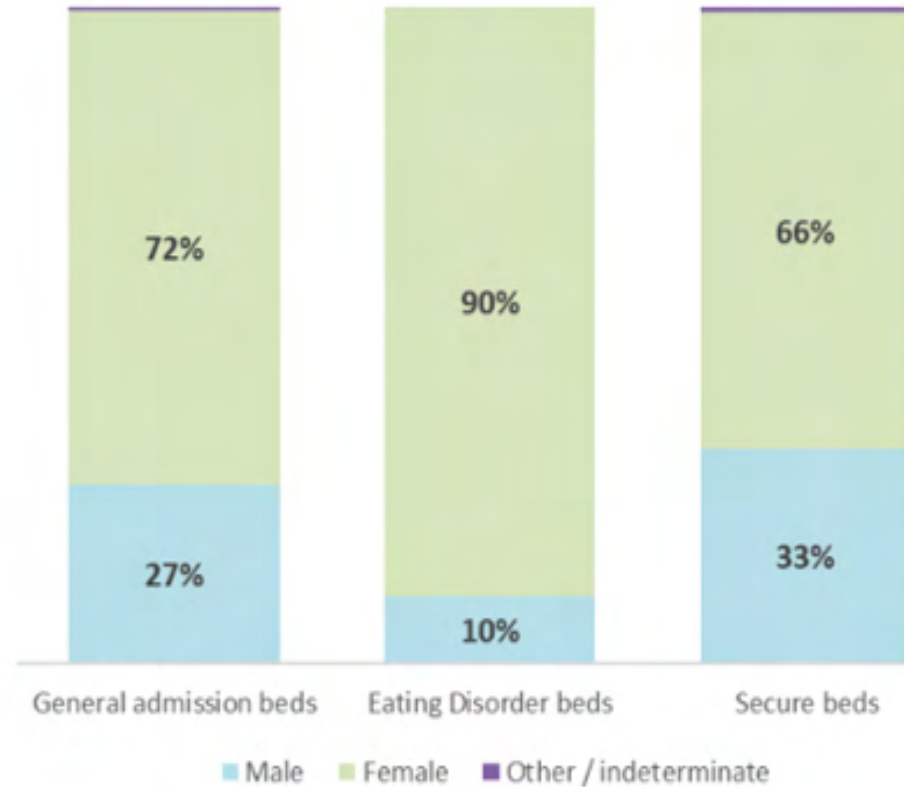
Across CYPMH, we see significant differences in access by gender...



Community CAMHS - gender of patients



Inpatient CAMHS - gender of patients



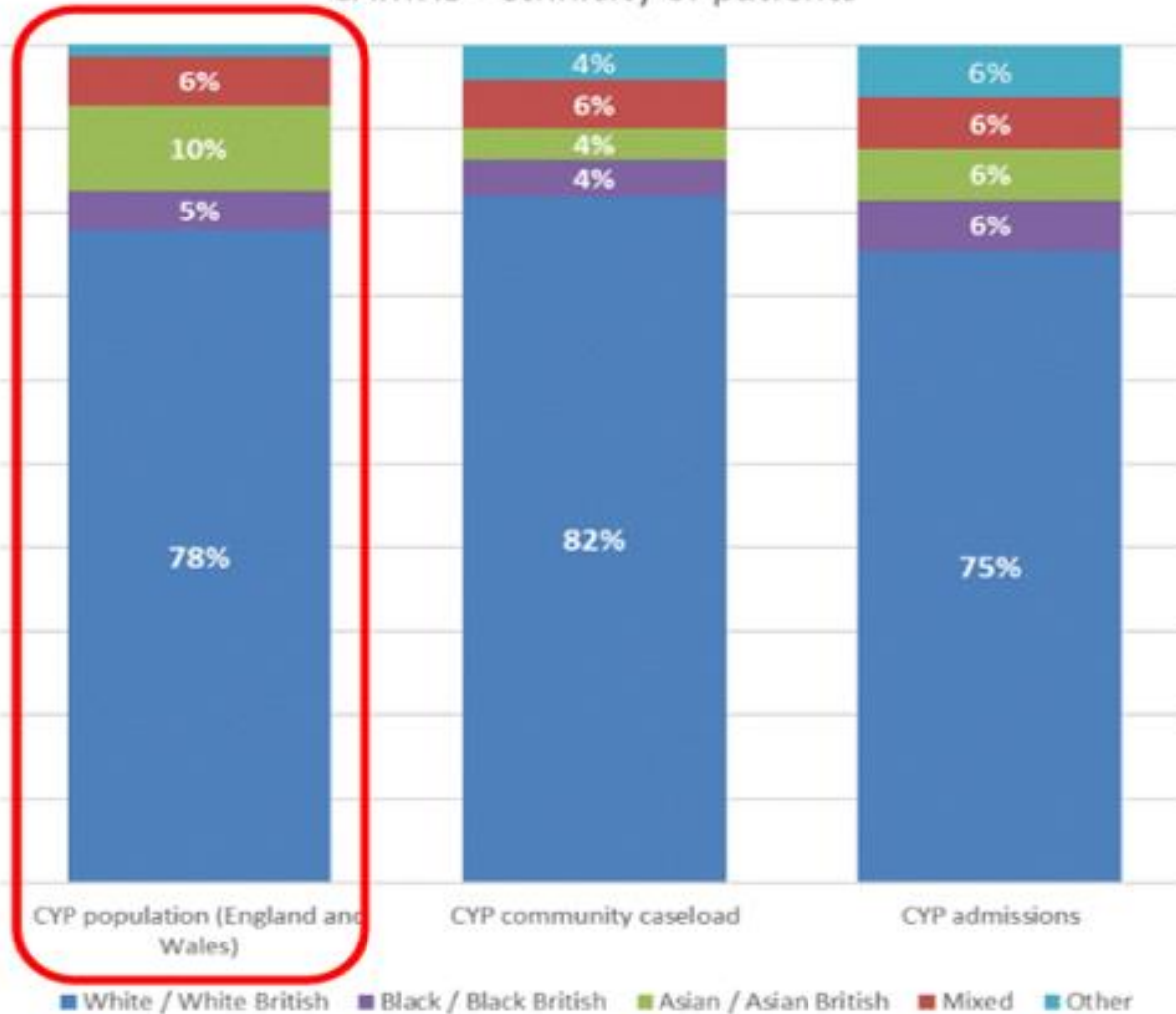
Key Points:
disproportionately high number of girls in inpatient CYPMHs across ED, Secure and general admissions

Males are more likely to be seen in the community CYPMH services, except for ED, where the weighting towards girls remains high

Access to CYPMH community and inpatient varies across different ethnic groups.



CAMHS - ethnicity of patients



Compared to average population

Community Services:

- Higher proportion of White/White British CYP
- Significantly lower proportion of Asian/British Asian
- Broadly similar proportions of Black/Black British and Mixed CYP.

Inpatient Services

- Broadly similar for Black/Black British and Mixed CYP and White/White British
- Lower for Asian and Asian British CYP
- 'Other' category is higher for both services.

Advancing Mental Health Equalities



- The Advancing Mental Health Equalities Taskforce, an alliance of leaders and experts by experience from the mental health sector, was formed in February 2020. The Taskforce has identified a suite of short and longer term actions which will support advancements in access, experience and outcomes for communities experiencing inequalities. This includes communities with protected characteristics and other health inclusion groups.
- NHS England and NHS Improvement recently published 8 urgent actions health systems must take to advance equalities in the round. For mental health, the focus is on:
 - Delivering the Long Term Plan commitments for mental health in the round to improve access to support and care in the round
 - Delivering against Data Quality Improvement Plans to improve the collection of protected characteristic data and, to ensure it is flowed to national datasets
 - Delivering the full suite of physical health checks for people with Severe Mental Illnesses
 - Reviewing digital care pathways in mental health and overcoming inequalities in access or experience
- NHS England and NHS Improvement have launched a [longer-term Strategy for advancing mental health equalities](#), which will sit alongside the [Mental Health Implementation Plan 2019/20-2023/24](#). The CYPMH national team is working with other mental health teams to take forward actions to support the strategic priorities: supporting local health systems, data and information, and workforce.
- The Strategy focuses on:

Supporting local systems to advance equalities	Improving the quality and use of data	Workforce
<ul style="list-style-type: none"> • Developing the Patient and Carers Race Equality Framework (PCREF) • Investing in advancing mental health equalities via transformation/pilot sites in community mental health care • Sharing evidence where it emerges, and supporting research initiatives • Developing an impact framework for provider collaboratives 	<ul style="list-style-type: none"> • Improving the quality and flow of data to national NHS datasets, including the recording of protected and other characteristics attributable to inclusion health groups • Using headline measures of mental health equality to monitor change over time, at both national and local level, and where improvements need to be made 	<ul style="list-style-type: none"> • Supporting the development of a representative workforce at all levels, equipped with the skills and knowledge to advance mental health equalities

Current NHSE programme activity to tackle health inequality



A renewed focus on Addressing Vulnerability and Equality, Diversity and Inclusion has been implemented following the poor outcomes experienced by some groups of CYP during the COVID Pandemic and overall surge in CYP MH referrals

Learning Disability & Autism: supporting development of the Dynamic Support Register process, and co-commissioner and host-commissioning guidance to reflect the MH needs these CYP

Looked After Children and Care Leavers: working cross-department with DFE, DHSC and PHE to engage with review of children's social care, Care Leavers Ministerial Board and pilots looking to improve MH assessments for LAC

Health inequalities and consideration of the MH needs of looked after children/care leavers are 'Key Lines of Enquiry' in assurance of CYPMH Local Transformation Plans

Participation in the SEND review

Health & Justice: reviewing the approach to and development of the service offer for early and effective personality disorder identification, high risk / complex CYP, and the needs of girls in the secure estate

MHIN: investigating links to poor mental health outcomes for CYP and adverse childhood experience (ACE's)

We have renewed our approach to Physical and Mental Health Integration and links with personalised care team to ensure the MH needs of groups of children with co-morbidities are considered throughout the CYP system

Positive Practice: supporting development of gathering and sharing best practice examples e.g. Healthy London Partnership equalities data set and the advice for working with LAC and their MH

Thank you



Katy Heaney has worked within the NHS for over 15 years and has a background in Clinical Biochemistry and Point of Care Testing. Katy is the Point of care Testing Specialty Lead and a Consultant Biochemist at Berkshire and Surrey Pathology Services, the service is considered a leading POCT NHS service in the UK.

In 2020 Katy was seconded to the Department of Health and Social care as Point of care workflow lead for Covid-19 testing operational supplies during the pandemic where she leads on rapid testing deployment to the NHS.

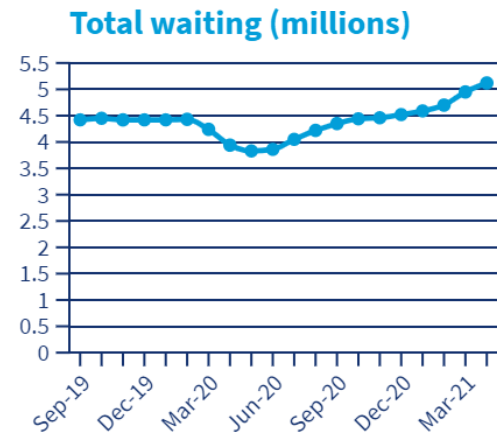
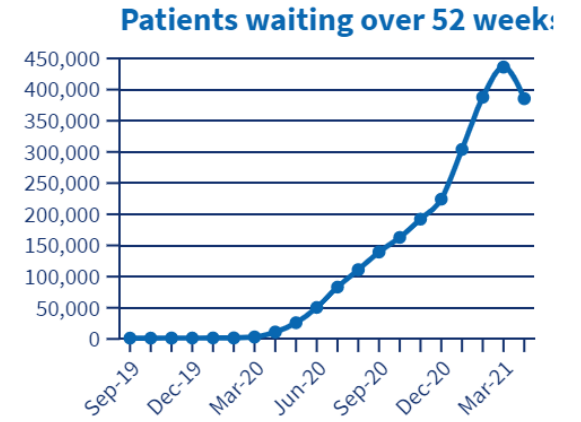
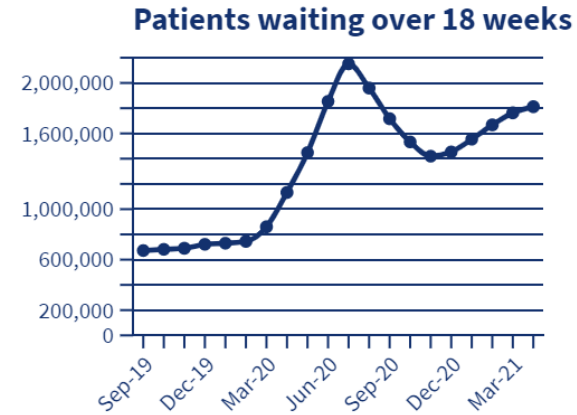
Katy is passionate about supporting healthcare professionals using point of care testing devices to improve patient's experience and support rapid diagnosis and treatment decisions.

What has been the impact of Covid-19 on services?

- Emergency / Acute service pressure
 - Ambulances
 - Emergency departments
 - Acute admissions
 - Intensive care
- General Practice pressure
 - Social distancing pressure on capacity of their estate
 - Need to move to digital supports - doesn't always accommodate all demographics
 - A need for face to face – how do we triage to get the right people in front of a healthcare worker

What has been the impact of Covid-19 on services?

- Elective impact; pauses or reduction in capacity
 - Social distancing and enhanced cleaning led to reduced capacity for beds/procedures
- Backlogs
 - Waiting lists are enormous, and likely a number of patients are still to present to their GP to be referred on



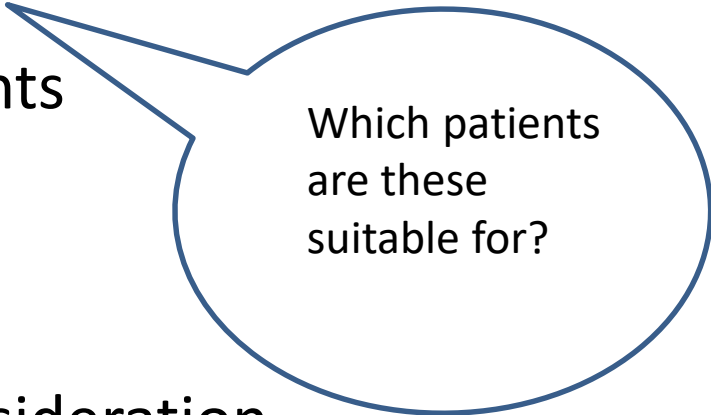
NHS Digital analysis of consultant-led referral to treatment waiting list.

What has been the impact of Covid-19 on services?

- Rapid transformation

New ways of working – pilot sized projects that need expanding and branching out – were they scalable?

- Virtual wards
- Hospital at home
- Video appointments



Which patients are these suitable for?

- Digital support
- Demographic consideration
- Safe and quality services maintained

Increasing NHS Effectiveness; challenges

Risk stratifications tools to stratify and prioritise patients to ensure all patients can access care at the right time and at the right place

Tools that enable the NHS to model and manage waiting lists in order to:

- Identify and monitor low complexity, high volume patients that can be managed in the community before they enter the waiting list.
- Manage patients on the waiting list in order to
 - (i) ensure their symptoms do not escalate thus requiring interventions
 - (ii) prevent further attendance to primary care and community diagnostics
- Ensure all pre-surgery tests/investigations are efficiently booked in and performed ahead of hospital visits.

Increasing NHS Effectiveness; challenges

Reduce burden on NHS staff and on administrative tasks

- Transform services through robotic process automation
- End to end connectivity – in real time – communication is key to avoid duplication and using evidence based decisions for patient care.
- Technologies that can be used in primary or community care settings to rule-in or rule-out patients presenting with symptoms and avoid the use of expensive, time-consuming procedures in secondary care.

What has been the impact of Covid-19 on workforce?

- Senior/experienced staff
 - Early retirement / less likely to come back post retirement
 - Crisis leadership – need to move into recovery leadership
- Overworked staff at risk of burnout and working with the mental load of their experience in the last 12-18months
 - Resources being made available to staff
 - Acceptance that time and patience will be a big factor in recovery
- Agency/locum staff – few and far between, and in high demand

What has been the impact of Covid-19 on workforce?

- New recruits wishing to support the NHS and want to start their career
 - need training and supervision – from experienced staff - limited capacity
 - not qualified/registered – limited on activities can do unsupervised
 - take years to be qualified – 3years typical
- New or increased roles
 - Laboratories
 - Increase in Covid-19 testing
 - Other pathology tests needed as part of backlog recovery – biopsies, smear tests, annual checks
 - Rapid pathology; Point of care testing – immediate results in the community
 - Imaging – huge back log due to reduce capacity during peaks and need for social distancing
 - Community roles – independent working but need to capture the information they gather

Reducing pressure on NHS Workforce - challenges

Diagnostic and screening tools to assist with outpatient backlogs and capacity / demand mis-match and prevent unnecessary visits to the hospital

- Operated by non-medically trained staff and care workers
- Used in the community or online/data searches

Clinical assessment tools for use in the community

- Used by care workers
- Perform an increased number of clinical assessments and collect information
- End to end connection capability involving care homes, GPs, secondary care and ambulances (and social care).

Reducing pressure on NHS Workforce - challenges

Access to community diagnostic testing and/or remote consultations, for example

- Mobile and/or community diagnostic hubs providing “one stop shop” diagnostics for patients presenting with long-term conditions
- Mobile diagnostic services that support pattern recognition, leveraging the power of artificial intelligence, to empower the more junior NHS workforce to accurately and safely perform a range of tests and make faster clinical decisions.

Educational and training programmes, tools or technology that enhance learning:

- Remote and/or virtual training tools for temporary staff / agency worker / community workers
- Remote and/or virtual real-time orientation of the existing workforce (including nurses and resources deployed in the wider community) to enhance training in NHS settings which experience acute pressure.

References

<https://www.england.nhs.uk/publication/diagnostics-recovery-and-renewal-report-of-the-independent-review-of-diagnostic-services-for-nhs-england/>

<https://www.england.nhs.uk/wp-content/uploads/2021/03/B0468-nhs-operational-planning-and-contracting-guidance.pdf>

Q&A with Speakers

Academic Health Science Network



Carole Spencer leads on our strategy for the spread and adoption of innovations and for the local support we offer to our Health and Care systems.

Currently, she works with the Lancashire and South Cumbria ICS and the Cheshire and Merseyside ICS to support them with priority workstreams to ensure that innovative products, practices and services are known to NHS partners and introduced for patient benefit. She works with colleagues across the AHSN Network to ensure effective knowledge exchange.

Academic Health Science Network Support

- Intro to the AHSN Network
- How AHSNs can support your Bid
- How AHSNs can support your Innovation
- AHSN Network Innovation Pipeline
- Other AHSN Network support for Innovators and Channels to drive adoption and spread

15 AHSN's were established in 2013

The AHSN Network

**A connected
'Network of
Networks'**



We are **catalysts** for innovation

We **connect** partners across sectors

We **create** the right conditions for change

We operate locally and collaborate as a national **collective**



Improving lives



Saving money



Driving economic growth

AHSN Network Impact in 20-21*

* AHSNs responsible for £1Billion of investment with 3000 jobs created or safeguarded in last 3 years

During 2020/21, The AHSN Network has provided support to...



Leading to...



How we can support your Bid



AHSNs can help you to find collaboration partners for your bid e.g. University/Academia, NHS Organisations, Clinical partners, Industrial Partners, Patients and Patient Representatives, Evaluation experts, Engineering Facilities, Networks & Alliances etc



AHSNs can help innovators source subject matter expertise relative to the competition, from within the AHSN Network or external to the AHSN Network



AHSNs can provide support for bid writers by “decoding” the small print, and by expert review of draft bids prior to submitting a completed version



Innovators who are successful at first stage bid review, are invited to pitch to an expert panel – AHSNs can help innovators prepare for success at the pitch and panel interview

How AHSNs can support your Innovation



AHSNs can support your bid delivery by being an honest broker and a critical friend and facilitator between partners



Post implementation, AHSNs can support the development of Real World Evidence, Use Cases, Case Studies, Business Case Development



AHSNs can support the **commercialisation** of your innovation, through value proposition development, NHS Market Access support, Procurement & Commissioning navigation, Access to funding e.g. VC

How AHSNs can support your Innovation



AHSNs support the regional 'import and export' of healthcare innovation through our Innovation Exchange. The Innovation Exchange is an AHSN co-ordinated approach to identify, select and support the adoption of innovation

Innovation Exchange Portal



Explore challenges

View local health and care needs.



Share solutions

Upload your innovation.



Connect & network

Collaborate to improve health and care

AHSNs support awareness and visibility of your Innovation through multiple channels including Atlas of Solutions Case Studies and the Innovation Exchange Portal. The Innovation Agency Exchange is a platform for innovators to share and showcase new innovations which can improve patient outcomes and experiences.

AHSN Network Innovation Pipeline

A collaborative model for the whole system



The AHSN Network Innovation Pipeline helps innovations to be seen by the whole Health & Care System, to accelerate development of solutions meeting unmet need and to support system wide scale adoption of the best and most impactful innovations

Other AHSN Network support for Innovators & Channels to drive adoption and spread



National programmes and priorities

Where innovation exchange activity has led to adoption and spread of an innovation across multiple regions, it can be selected to become a National Programme – focussed funding and implementation support from all 15 AHSNs



The MedTech Funding Mandate is a policy which supports commissioners and providers to use clinically effective and cost-saving medical devices, diagnostics and digital technologies that improve patient outcomes. SBRIH supported innovations have potential to attain MTFM support for adoption and spread



The Rapid Uptake Products (RUP) programme has been designed to support stronger adoption and spread of proven innovations. It identifies and supports products with NICE approval that support the NHS Long Term Plan's key clinical priorities, but have lower than expected uptake to date



Twelve innovators are selected each year to scale across England's NHS through the Award Winning NHS Innovation Accelerator Programme



Thank you

*The***AHSN***Network*



SBRI Healthcare

The Application and Assessment Process

Dr Xi Ye

Senior Programme Manager, LGC Group

24 August 2021



SBRI Healthcare – Phase 3 Timelines



Assessment criteria

1. What will be the effect of this proposal on the challenge outlined in the brief? How convincing is the evidence accumulated to date? 20%
2. Are the project plan, deliverables and risk mitigation strategy appropriate? 15%
3. Does the project include patient and public involvement and engagement? 5%
4. Does the project address Equality, Diversity and Inclusion, and Net Zero Policy? 5%
5. Will the solution have a competitive advantage over standard of care and existing alternative solutions? How innovative is the proposal and are the arrangements surrounding the use and development of Intellectual Property appropriate? 15%
6. Does the proposed project have appropriate NHS/social care implementation, spread and adoption strategy and commercialisation plans? 20%
7. Does the company and project team appear to have the right skills and experience to deliver the project? 15%
8. Are the costs justified and appropriate? 5%

**Mental health inequalities
in children and
young people
Competition 19**



Supporting Documentation:

Invitation to Tender
Applicant and Portal Guidance
Challenge Brief
Template Application Form
FAQs

Key Dates:

Competition Launch – *24 August 2021*
Deadline for Applications – *13 October 2021*
Assessment – *October/November 2021*
Panel Meeting – *January 2022*
Contracts awarded – *February 2022*

Application portal – login page

Programme Management Office

Research Management System

Existing Users

Please log in to access your account.

Email

Password

Login

[Forgot Password?](#)

New users

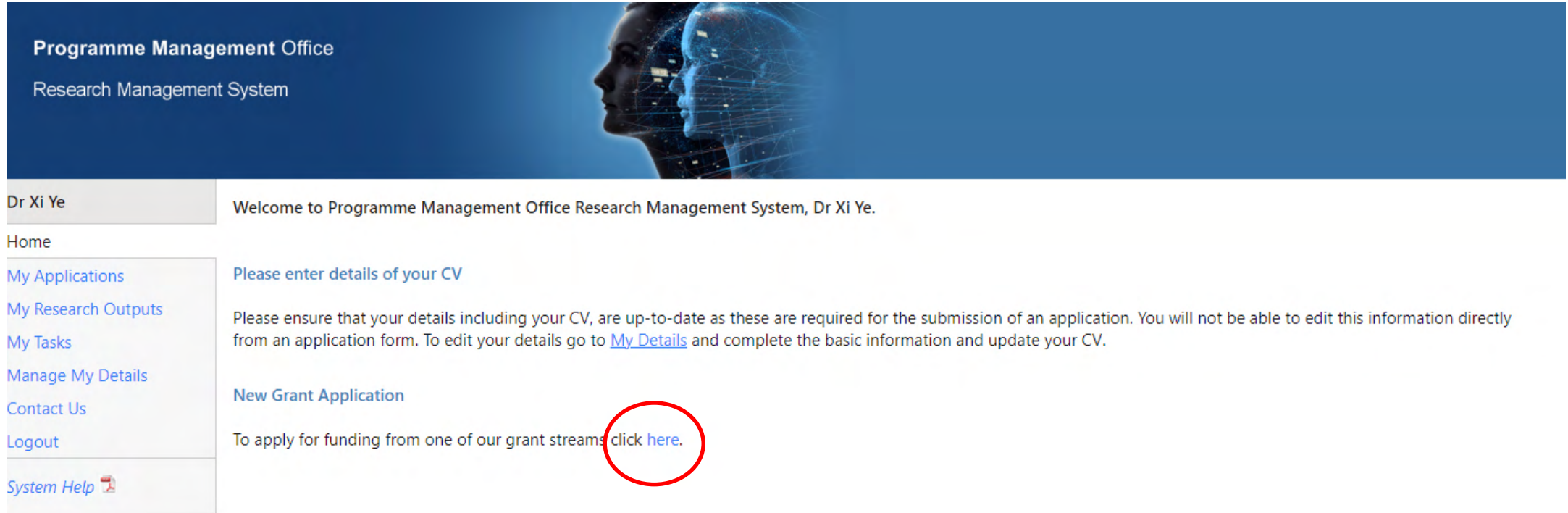
Please register with us to create your account using your **institutional** email address.

Please note that all new users require validation by the Programme Management prior to receiving access to the system. We will endeavour to complete this validation process as soon as possible (within standard working hours) following completion of your initial registration

Register

[System Help](#)

Application portal – update personal detail




Programme Management Office
Research Management System

Dr Xi Ye

Welcome to Programme Management Office Research Management System, Dr Xi Ye.

Home

- My Applications
- My Research Outputs
- My Tasks
- ➔ **Manage My Details**
- Contact Us
- Logout

System Help 

Please enter details of your CV


Please ensure that your details including your CV, are up-to-date as these are required for the submission of an application. You will not be able to edit this information directly from an application form. To edit your details go to [My Details](#) and complete the basic information and update your CV.

New Grant Application

To apply for funding from one of our grant streams [click here](#).

Select the appropriate funding round

Programme Management Office
Research Management System



Dr Xi Ye

[Home](#)

New Application

[My Applications](#)


[My Research Outputs](#)

[My Tasks](#)

[Manage My Details](#)

[Contact Us](#)

[Logout](#)

[System Help](#) 

Open funding rounds

The table below shows all the funding rounds currently accepting applications.

Click **More info** to view additional information about each funding round.
Click **Apply** to access the online application form for the type of grant you wish to apply for.

Grant Type	Funding Round	Closing Date	More Info	Apply
<p>SBRI Healthcare Late Phase SBRI Healthcare Competition 19 - This competition calls for mature innovations to address immediate challenges in children and young people's mental health. The other challenge to be addressed to the recovery of services since the COVID-19 pandemic. Organisations are invited to come forward with mature innovations (evidence supporting efficacy, accuracy and effectiveness) to test implementation of those innovations in the relevant health and social care settings and services.</p>	<p>SBRI 19 Phase 3 (Mental Health Inequalities / NHS Reset and Recovery)</p>	<p>13 October 2021 13:00 BST</p>	<p>More info</p>	<p>Apply</p>

Start the application




SBRI 19 Phase 3 (Mental Health Inequalities / NHS Reset and Recovery)
27300
[Details...](#)

- Introduction
- Section 1: Application Summary
- Section 2: Company Details
- Section 3: Plain English Summary
- Section 4: Project Plan
- Section 5: Team and Subcontractors
- Section 6: Budget
- Section 7: Supporting information
- Section 8: Administrative contact details
- Section 9: Validation Summary

Complete these sections

Introduction

Round Guidance System Guidance

There are a number of online guidance prompts (marked as a ) available to you throughout the online form to help you when completing an application. It is strongly advised that you also read the relevant [Guidance for Applicants](#) before completing your application.

Please keep the use of acronyms to a minimum. Only use acronyms where a term is used frequently throughout the application. If you do choose to use an acronym, do not assume that the reader knows what it means, and be sure to define it when first used.

You are strongly advised to structure the longer sections of the application form (particularly the Project Description and Breakdown) in such a way that they can be read easily by reviewers. The use of long passages of dense, unstructured text should be avoided.

Schematics, tables, illustrations, graphs, and other types of graphics can be embedded to clarify the project plan but they should not clutter the central narrative. Images do not count towards the overall word count but inclusion of them to overcome word limits is not permitted. Images may only be included within the Project description and breakdown. Images included in other sections will be removed from the application and not seen by reviewers.

Members of the project team and clinical partners will need to be 'invited' through the RMS via email to participate in their roles, after which they must both confirm and approve their participation. Please ensure that all team members / clinical partners/ sub-contractors are registered onto the RMS portal (<https://pmo.ccgranttracker.com/>). Once their account is registered and approved, the applicant will be able to 'invite' the team member(s), sub-contractor(s) and clinical partner(s) to the application. Please ensure that all team members and partners invited to collaborate on this application have confirmed their involvement and approval of the application form content before submission.

Although confirming and approving an application can be done at any time during the submission of an application, you are strongly advised to do this well in advance of the deadline.

If you have any queries with your application, you can contact the SBRI Healthcare Programme Management Office on 020 8843 8015 or SBRI@LGCGroup.com.

Previous Next Save Save And Close

Adding the project team

Programme Management Office
Research Management System

SBRI 19 Phase 3 (Mental Health Inequalities / NHS Reset and Recovery)
27300
[Details...](#)

- Introduction
- Section 1: Application Summary
- Section 2: Company Details
- Section 3: Plain English Summary
- Section 4: Project Plan
- Section 5: Team and Subcontractors**
- Section 6: Budget
- Section 7: Supporting information
- Section 8: Administrative contact details
- Section 9: Validation Summary

Section 5: Team and Subcontractors
Include details of key team members, clinical partners and subcontractors

5a. Project team member(s) [Add Contact](#)

5a. Details of team member(s)
[Add team member...](#)

5b. Clinical partner(s) [Add Contact](#)

5b. Details of clinical partner(s)
[Add clinical partner...](#)

5c. Subcontractor(s) and advisor(s) [Add Contact](#)

5c. Details of subcontractor(s) and advisor(s)
[Add sub-contractor...](#)

Co Applicant [Close]

First Name:

Last Name:

Email:

	Name	Organisation	Department
<input type="button" value="Select"/>	Dr Team Mem	National Institute of Health Research	

Submit application form

Dr Xi Ye
Home
My Applications
SBRI Healthcare Late Phase Ref: 27300
Details
View History
Journal (0)
Sign-off Status
My Grants
My Research Outputs
My Tasks
Manage My Details
Contact Us
Logout
System Help

Lead Applicant	Dr Xi Ye
Title	Template application
Reference	27300
Status	Pre-Submission
Total Requested	£318,000.00
Organisation	Community Health Sheffield
Grant Type	SBRI Healthcare Late Phase
Funding Round	SBRI 19 Phase 3 (Mental Health Inequalities / NHS Reset and Recovery)
Closing Date	13 October 2021 at 13:00 BST
Participants	<u>Co Applicant</u>
	Dr Team Mem Confirmed participation No
	<u>Clinical partner</u>
	Dr Clin Par Confirmed participation No
	<u>Sub Contractor</u>
	Dr Sub Con Confirmed participation No
Created On	13 August 2021
Last Updated	16 August 2021
Validated	Not Complete
Applicant Submitted	
Submitted On	

Role: Lead Applicant
Actions shown below are for your involvement as a Lead Applicant

Edit the application
Please click on the 'Edit' button if you wish to make any changes to your application.

Edit

PDF the application (Print)
Please click on the 'View/Print' button to generate this application form as a PDF file.

Please note: if your browser blocks the file download, please follow the instructions to allow the file to be downloaded.

[PDF Formatting Problems?](#)

View/Print

Validate the application
To validate the application click 'Validate' and then 'Validate Form' within the application form.

Validate


Submit the application
The application form cannot be submitted until it has been validated to ensure that all required fields have been entered, and the data meets our submission requirements.

Submit

Delete the application
If you are sure you wish to delete the application form, please click on the 'Delete' button.

Team member/clinical partner/sub-contractor

Programme Management Office
Research Management System



Dr Team Mem

[Home](#)

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[My Co-applications](#)

[My Grants](#)

[My Research Outputs](#)

[My Tasks](#)

[Manage My Details](#)



[Contact Us](#)

[Logout](#)

My Co-applications

You have 13 co-applications awaiting submission.

To view more details please select an application from the grid below.

Reference	Title	Main Applicant	Role	Confirmed	Last Updated	Application Status	
27300	Template application	Dr Xi Ye	Co Applicant	N	16/08/2021 16:30:38	Pre-Submission	
27279	MH test application 4	Dr Xi Ye	Co Applicant	N	10/08/2021 08:09:13	Deleted by Applicant	
27205	Lorem ipsum dolor sit amet, consectetur adipiscing elit. Vestibulum nisl enim, sollicitudin eget tellus ut.	Ms Harkerat Jandu	Co Applicant	Y	03/06/2021 16:53:21	Pre-Submission	

Research Management System

- Dr Team Mem
- Home
- My Applications
- My Co-applications
- SBRI Healthcare Late Phase**
Ref: 27300
- Details
- My Grants
- My Research Outputs
- My Tasks
- Manage My Details
- Contact Us
- Logout
- System Help 

As a co-applicant you must first 'Confirm' your participation before the application can be submitted by the Lead Applicant. Please ensure your CV is up to date (this can be updated in the manage my details section).

Lead Applicant Dr Xi Ye
 Title Template application
 Reference 27300
 Status Pre-Submission
 Total Requested £318,000.00
 Organisation Community Health Sheffield
 Grant Type SBRI Healthcare Late Phase
 Funding Round SBRI 19 Phase 3 (Mental Health Inequalities / NHS Reset and Recovery)
 Closing Date 13 October 2021 at 13:00 BST

Participants Co Applicant

Dr Team Mem
 Confirmed participation **No**

Clinical partner

Dr Clin Par
 Confirmed participation **No**

Sub Contractor

Dr Sub Con
 Confirmed participation **No**

Role: Co Applicant
 Actions shown below are for your involvement as a Co Applicant

Confirm your participation

I have read the terms and conditions under which grants are awarded, and, if this application is successful, I agree to abide by them. I shall be actively engaged in the day-to-day management and control of the project and this proposal.


Confirm

Reject your participation

If you do not wish to participate in this application or think that this approach was in error please click the reject button below. This will send an email to the lead applicant and remove you from the application.

Reject

Submit application form

Research Management System


<p>Dr Xi Ye</p> <p>Home</p> <p>My Applications</p> <p>SBRI Healthcare Late Phase Ref: 27300</p> <p>Details</p> <p>View History</p> <p>Journal (0)</p> <p>Sign-off Status</p> <p>My Grants</p> <p>My Research Outputs</p> <p>My Tasks</p> <p>Manage My Details</p> <p>Contact Us</p> <p>Logout</p> <p>System Help</p>	<table style="width: 100%;"> <tr> <td style="width: 20%;">Lead Applicant</td> <td>Dr Xi Ye</td> </tr> <tr> <td>Title</td> <td>Template application</td> </tr> <tr> <td>Reference</td> <td>27300</td> </tr> <tr> <td>Status</td> <td>Pre-Submission</td> </tr> <tr> <td>Total Requested</td> <td>£318,000.00</td> </tr> <tr> <td>Organisation</td> <td>Community Health Sheffield</td> </tr> <tr> <td>Grant Type</td> <td>SBRI Healthcare Late Phase</td> </tr> <tr> <td>Funding Round</td> <td>SBRI 19 Phase 3 (Mental Health Inequalities / NHS Reset and Recovery)</td> </tr> <tr> <td>Closing Date</td> <td>13 October 2021 at 13:00 BST</td> </tr> <tr> <td>Participants</td> <td> <p><u>Co Applicant</u></p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Dr Team Mem</td> <td>Confirmed participation</td> <td>Yes</td> </tr> </table> <p><u>Clinical partner</u></p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Dr Clin Par</td> <td>Confirmed participation</td> <td>Yes</td> </tr> </table> <p><u>Sub Contractor</u></p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Dr Sub Con</td> <td>Confirmed participation</td> <td>Yes</td> </tr> </table> </td> </tr> <tr> <td>Created On</td> <td>13 August 2021</td> </tr> <tr> <td>Last Updated</td> <td>16 August 2021</td> </tr> <tr> <td>Validated</td> <td>16 August 2021</td> </tr> <tr> <td>Applicant Submitted</td> <td></td> </tr> <tr> <td>Submitted On</td> <td></td> </tr> </table>	Lead Applicant	Dr Xi Ye	Title	Template application	Reference	27300	Status	Pre-Submission	Total Requested	£318,000.00	Organisation	Community Health Sheffield	Grant Type	SBRI Healthcare Late Phase	Funding Round	SBRI 19 Phase 3 (Mental Health Inequalities / NHS Reset and Recovery)	Closing Date	13 October 2021 at 13:00 BST	Participants	<p><u>Co Applicant</u></p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Dr Team Mem</td> <td>Confirmed participation</td> <td>Yes</td> </tr> </table> <p><u>Clinical partner</u></p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Dr Clin Par</td> <td>Confirmed participation</td> <td>Yes</td> </tr> </table> <p><u>Sub Contractor</u></p> <table style="width: 100%;"> <tr> <td style="width: 60%;">Dr Sub Con</td> <td>Confirmed participation</td> <td>Yes</td> </tr> </table>	Dr Team Mem	Confirmed participation	Yes	Dr Clin Par	Confirmed participation	Yes	Dr Sub Con	Confirmed participation	Yes	Created On	13 August 2021	Last Updated	16 August 2021	Validated	16 August 2021	Applicant Submitted		Submitted On		<p>Role: Lead Applicant Actions shown below are for your involvement as a Lead Applicant</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Edit the application Please click on the 'Edit' button if you wish to make any changes to your application.</p> <p style="text-align: right;"><input type="button" value="Edit"/></p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>PDF the application (Print) Please click on the 'View/Print' button to generate this application form as a PDF file.</p> <p>Please note: if your browser blocks the file download, please follow the instructions to allow the file to be downloaded.</p> <p>PDF Formatting Problems?</p> <p style="text-align: right;"><input type="button" value="View/Print"/></p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"> <p>Validate the application To validate the application click 'Validate' and then 'Validate Form' within the application form.</p> <p style="text-align: right;"><input type="button" value="Validate"/></p> </div> <div style="border: 1px solid #ccc; padding: 5px;"> <p>Submit the application To submit this grant application, please click on the 'Submit' button.</p> <p>Please note: you will not be able to make any alterations to the application form once it has been submitted.</p> <p style="text-align: right;"><input type="button" value="Submit"/></p> </div>
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Applicant Submitted																																									
Submitted On																																									

Q&A

SBRI PMO will organise a drop-in Q&A session on 02 September 2021

from 13:00 to 14:30

Q&A session registration
2 Sept – 13:00

<https://sbrihealthcare.co.uk/competition/sbri-healthcare-competition-19/>



SBRI Healthcare

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15 Church Street

Twickenham TW1 3NL

Contact us for advice and specific guidance:

T 020 8843 8125

E sbri@lgcgroup.com

W <https://www.sbrihealthcare.co.uk>



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Thank you for attending our launch Webinar

www.sbrihealthcare.co.uk

