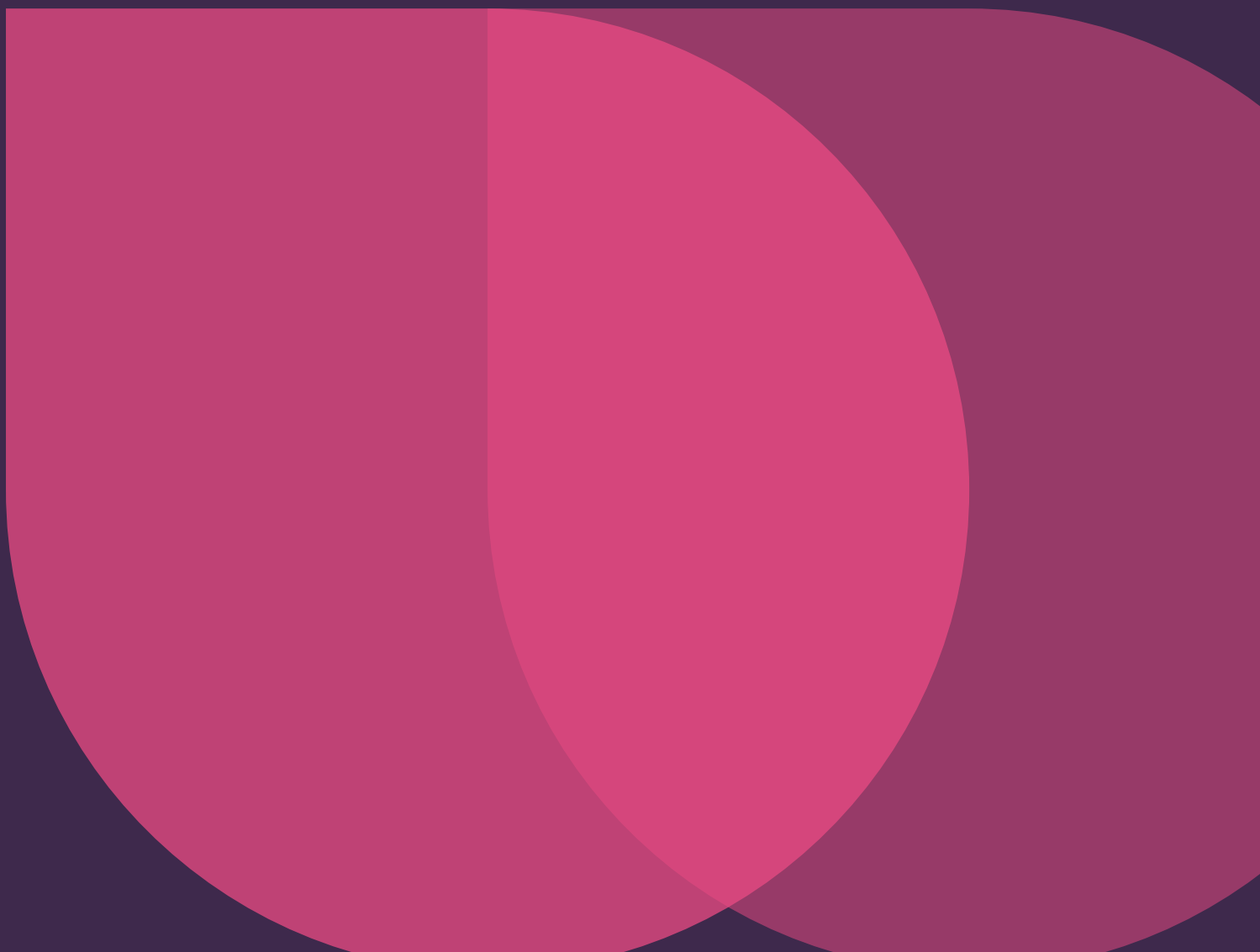


**Better together: Working
towards a dynamic,
collaborative, connected
health research ecosystem
in the North of England**





Author: Dr Ben Martyn

Cite as: Martyn, B (2026) Better together: Working towards a dynamic, collaborative, connected health research ecosystem in the North of England, NHSA

Editorial team: Ruth Boston, Charlotte Thompson, Helen Cole and Dr Mandy Dixon

Acknowledgements

This report was commissioned and funded by the Academy of Medical Sciences

The Academy of Medical Sciences cross-sector programme team for their support and seminar contributions
Dr Sarah Hill and Helen Cole supported survey design and data collection.

The Academy of Medical Sciences Cross-Sector Programme is supported by: DSIT and Wellcome

CONTENTS

Foreword	4
Executive summary	5
Chapter 1: Introduction	6
Chapter 2: Summary of findings and recommendations.....	7
2.1 Mapping the barriers to cross-sector collaboration.....	7
2.2 Mapping the barriers to researcher mobility	7
2.3 Barriers from the funding environment.....	7
2.4 Assessing the Academy of Medical Sciences Cross-Sector	7
Programme	
2.5 Developing an impact pipeline	7
2.6 Recommendations	8
Chapter 3: Evidence generation and analysis.....	10
3.1 Cross-sector collaboration	10
3.2 Researcher mobility.....	11
3.3 Funding landscape	13
3.4 Academy of Medical Sciences and NHSA	15
North of England Cross-Sector Hub	
Appendix and references	16



Hannah Davies
CEO, Northern
Health Science
Alliance
Executive
Director,
Health Equity
North

Collaboration sits at the heart of the Northern Health Science Alliance's (NHSA) mission. The North of England boasts a vibrant, dynamic, and innovative health and life sciences sector, with world-leading talent and assets. By creating an ecosystem that encourages, enables and actively promotes partnerships and collaboration, we can elevate the North's strengths and excellence even further.

This is why our work with the Academy of Medical Sciences (the Academy) is so important to the NHSA, our members and the wider health research community in the North. Building on our partnership with the Academy to deliver the North of England Cross-Sector Hub, this report seeks to identify not only barriers to cross-sector collaboration and researcher mobility in the North, but also tangible ways in which we can seek to address these constraints regionally.

Our evidence highlights common sticking points in the collaboration process, such as difficulties finding partners, contracting and approvals complexities, limited researcher mobility due to lack of time, funding constraints, and disjointed cross-organisation HR arrangements, and gaps in the current funding landscape that limit opportunities in the North.

In this report, we propose a clear pipeline of activity at a regional level to encourage collaboration and mobility across the health research community. These recommendations will build on existing capabilities and assets within the northern research ecosystem, leveraging the NHSA's already well-established expert networks.

I would like to thank NHSA members and peers from across the northern ecosystem for taking the time to feed their valuable insights into both the survey and workshop, which has provided us with a clear path forward to create a fertile environment for health research within the North of England.

EXECUTIVE SUMMARY

Cross-sectoral collaborations and researcher mobility are vital aspects of a flourishing, robust life sciences ecosystem. They support the development of technical and leadership skills, spread ideas, and build strong peer support networks. Strong linkages between stakeholder groups – academic, clinical, industry, capital and government – can bring a fusion of perspectives, expertise and resources to unlock new innovations.¹ In turn these can attract talent and investment resulting in clustering of research and innovation active organisations, which allows high risk research to be undertaken in a low-risk environment through workforce mobility.

Building on two reports published by the Academy of Medical Sciences (the Academy) on this topic^{2,3} and delivered as part of the North of England Cross-Sector Hub, this report explores current barriers to cross-sectoral collaborations and researcher mobility. It also identifies examples of best practice and interventions that can build a more dynamic, inclusive, collaborative, connected health research ecosystem in the North of England.

We propose an implementation pipeline for building and maturing collaborative relationships in the North of England.

To build this pipeline we make recommendations of activity across five stages of network development:



For each stage we make recommendations that could address barriers to the North of England's health and life sciences ecosystem. These recommendations will require co-development with key stakeholders to be successful and the NHSA will work with our community to take these forward.

CHAPTER 1: INTRODUCTION

Collaboration is fundamental for advancing medical research. The health research and innovation ecosystem is complex, and new breakthroughs require researchers, health professionals, regulators, policymakers, funders, patients and the public to collaborate and contribute their knowledge. Collaborative programmes can improve efficiency of resource use, maximise beneficial outcomes and improve equity.⁴ Supporting the movement of researchers across sectors strengthens individual skills development, helps organisations retain talent, and provides career progression, ultimately fostering clusters of expertise that drive health and economic returns.

Health research plays a critical role in economic prosperity; public investment in health research and innovation activities have an important return on investment for the nation through improving health and wealth. More research-active places have better health outcomes locally, and research and development (R&D) spending in a region can stimulate economic growth.^{5,6,7}

Historically, while world-leading in a number of areas, the North of England has failed to attract funding at similar level to the greater South East of England, with clinical funding in 2022 at £25.72 per person in the North vs £68.58 per person in the greater South East.⁸

The Academy of Medical Sciences' 2023 review "Future-proofing UK health research"⁹ and its 2025 update¹⁰; emphasises how breaking down barriers can deliver better health outcomes and economic returns for the UK.

This report, funded by the Academy, looks to understand these barriers in the context of the North of England, and make short- to medium-term recommendations to stimulate collaborative activity across the region's health and life sciences research ecosystem.

We look at four key areas

- 1 Cross-sector collaborations
- 2 Researcher mobility
- 3 The funding landscape and
- 4 The Academy of Medical Sciences Cross-Sector Hub for the North of England.

Baseline data was gathered via a survey distributed to our northern ecosystem, and consultation with the NHSA member representatives; followed by an online symposium of over 70 cross-sector stakeholders to reflect on the survey data and refine recommendations. These evidence generation methods are detailed in the Appendix.

Clinical funding in England

£25.72
per person in the North

£68.58
per person in the
greater South east

CHAPTER 2: SUMMARY OF FINDINGS AND RECOMMENDATIONS

2.1 Mapping the barriers to cross-sector collaboration

We found that the initial phase of collaboration presents the greatest barriers, particularly:

- Finding partners
- Contracting and approvals

Successful partnerships require time to explore ideas, build trust and gain traction but momentum is often lost due to lack of funding and staff capacity.

Individual-level barriers

- Lack of time and capacity across all partners
- Reliance on personal networks to initiate collaborations
- Knowledge gaps – intellectual property (IP), regulatory, project management
- Limited awareness of opportunities

System-level barriers

- Contracting and procurement delays
- Misaligned incentives between organisations
- Data access and information governance complexity
- Lack of support mechanisms to navigate systems
- Funding structures that do not support early-stage collaboration

2.2 Mapping the barriers to researcher mobility

There is broad support for mobility, but it is not consistently realised in practice.

Individual-level barriers

- Placements driven primarily by personal connections
- Lack of time to engage in mobility opportunities
- Concerns about career disruption and job security

System-level barriers

- Complex human resources (HR) arrangements
- Misalignment between NHS and Higher Education Institution (HEI) terms and conditions
- Funding constraints, particularly for backfill of staff time
- Lack of clear, structured pathways for placements

2.3 Barriers from the funding environment

The funding landscape could do more to support collaborations and researcher movement in the North of England. There exist gaps in the current funding landscape, particularly:

- Funding to support networks as standing infrastructure for the research ecosystem
- Seed funding for early project ideation

Additional challenges include:

- Short timelines favouring pre-existing networks
- Lack of funding to sustain infrastructure post-project
- Limited flexibility in funding mechanisms

2.4 Assessing the Academy of Medical Sciences Cross-Sector Programme

The Academy's Cross-Sector Programme consists of two main initiatives: regional networking hubs and Cross-Sector Experience Awards. In April 2026, the Academy's North of England Cross-Sector Hub was launched, which is being delivered in partnership with the NHSA. Activity currently consists of three networking events throughout 2026, themed on key areas of northern strength: commercialisation of cell and gene therapies;

prevention research; and women's health. In support of the networking hub, the NHSA can utilise its existing programmes including 15 pan-northern networks, as well as its expertise in collaboration building, bid development, project support, policy and advocacy, and enhancing dissemination and impact of research.

Strengths of current activity

- Network building is a core strength of the NHSA, with 15 pan-northern networks established.
- Delivery of networking events through the hub provides opportunities to reach and connect with the wider community beyond NHSA membership.
- Current events feature a mix of connection-building, skills development opportunities, and opportunities to initiate new collaborations.
- Trust-building mechanisms are well-established through repeated engagement and the reputations of the NHSA and Academy.
- Activity is multi-sector and covers research through to commercialisation.
- Promotes access to broader funding ecosystem opportunities.
- The Academy's Cross-Sector Awards Scheme provides funding to backfill staff time and enable placements to occur.

Gaps identified

- Current cross-sector networks are self-supported with resourcing gaps for expanded collaboration activities.
- A need for thematic or challenge-focused events such as sandpits, with a clear goal to initiate new projects and funding to sustain momentum.
- Seed funding to support early phase of project initiation. The current funding landscape favours direct project funding, with fewer opportunities for hubs to become seed funding awarding bodies.
- Sharing of best practice between HEI's and NHS trusts to streamline and harmonise processes to enable collaborations and opportunities for researcher mobility.
- Support for creating and matchmaking cross-sector placement opportunities in medical sciences, with work needed to socialise the potential benefits and best practice for host organisations and industry employers.

2.5 Developing an impact pipeline

We propose a pipeline of collaboration activities to deliver regional impact, analogous to the Health Innovation Pathway used by the Health Innovation Networks¹¹ (Table 1)

Networks can exist across a spectrum of development, at their most basic they may exist solely as distribution lists for opportunity sharing. At their most effective networks grow into groups of individuals who trust each other and are aware of each other's strengths and motivations, who proactively support each other's development and build collaborations to take forward.

Fundamentally, collaborations are driven by individuals and are social in nature¹² and interventions to support collaborations should have this at their core. While all networks will engage in activity across all stages, the aim of the suggested interventions should be to move networks such that they engage in more activity in the later stages of the pipeline.

The above stages are all enabled by cross-cutting support from:

- dedicated co-ordination and facilitation capacity

Table 1. A collaboration activity pipeline for regional impact

Pipeline Stage

Awareness and engagement	Connection and relationship building	Collaboration formation and development	Project delivery and attracting investment	Impact and sustainability
Objective				
Exposure to opportunities, networks and challenges 	Pre-consortia building through trusted relationships. Partner identification and peer support 	Ideation, consortia building, early design, cross-sector placement opportunities 	Full funding applications, co-funding from other partners, project set up and execution 	Translation, adoption, scale, continued collaboration 

- flexible seed funding mechanisms
- work with national funders and policymakers to remove systemic barriers
- investment in culture change by championing collaboration and cross sector research

Awareness and engagement interventions

- Outreach activity to engage with stakeholder groups beyond HEIs and the NHS, including small medium enterprises (SMEs), larger industry, voluntary, community, faith and social enterprises (VCFSEs), entrepreneurs and investors
- Open networking events
- Dissemination of opportunities and best practice information

Connection and relationship building interventions

- Structured networking and matchmaking
- Ongoing network co-ordination, both virtually and in-person
- Identifying areas of shared vision
- Identifying opportunities for peer learning and support

Collaboration formation and development interventions

- Sandpit style events aligned with seed funding to drive early collaboration
- Brokerage and facilitation support from co-ordinating partners
- Harmonisation of engagement processes through shared best practice and formation of working groups
- Early engagement with funders and industry to align with upcoming bids or industry needs
- Placements, secondments and cross-sector researcher mobility

Project delivery and attracting investment interventions

- Seed funding for proof-of-concept work
- Bid development support
- Mechanisms to enable research mobility, including peer support for researchers and guidance for potential host organisations

Impact and sustainability interventions

- Recognition of successful collaborations and individuals who champion collaboration
- Embedding best practice
- Continued network co-ordination and identification of follow-on opportunities
- Producing reports to better understand specific barriers, for example, cross-sector collaborations between specific stakeholders such as the NHS and HEIs, or by area, such as commercialisation of cell and gene therapies

3. Explore additional outreach opportunities to link NHSA networks into other regional partners such as VCFSEs, entrepreneurial activity, placements and investors.
4. Identify opportunities to share best practice on cross-sector working and supporting research mobility through existing networks and hub distribution lists.
5. Create a flexible fund for bursaries to cover re-imbursements up to £500 for travel, conference attendance and CPD engagement.

Connection and relationship building

1. Develop new network engagement activity specific to factors that support skills matchmaking and cross-sector working. This should be done working in partnership with existing regional and national networks. Focus should be given to:
 - a. engagement for clinicians and academics interested in development of entrepreneurial skills and start-up ecosystems
 - b. employers to support hosting industry and other placements
2. Identify routes to providing mentorship support, particularly for early career researchers, to broaden their personal networks and skillsets.
3. Create a flexible early-seed funding pot to allocate smaller £2,000-£5,000 awards to support preparative activity for larger grant awards.

Collaboration formation and development

1. Host sandpits and/or thematic challenge events to drive established networks into active collaborations or to stimulate activity in more nascent networks.
2. Ringfence flexible seed funding, allocated via a competition at these events. We recommend a £40,000 pot per theme, that can be flexibly awarded according to quality, feasibility and impact of the work proposed, as judged by an external panel of experts.

Project delivery and attracting investment

1. Develop working groups to collectively identify where organisations can harmonise processes, starting with NHS and academic institutions.
2. Host engagement events to work with funders to tackle systemic barriers
3. Invest in the NHSA's existing programme management and support offer

Impact and Sustainability

1. Commission further reports exploring barriers to cross-sector collaboration, considering specific barriers for sub-sectors (cell and gene therapies vs medical technologies) or specific stakeholder groups (working with VCFSEs for research).
2. Leverage networks to share successes and stimulate further follow-on funding.
3. Work with funders to provide insight into regional sector-specific issues.
4. Support culture-change by celebrating successful collaborations and individuals who drive them. Utilise the Academy and NHSA communications to highlight case studies and champion impact.
5. Sponsor a regional impact award to celebrate exemplar cross-sector

2.6 Recommendations

Awareness and engagement

1. Maintain the Academy's regional cross-sector hub events, adhering to the ethos of openness and inclusivity for the entire ecosystem.
2. Utilise and invest in existing NHSA networks to distribute information, opportunities, and support consortia building.

collaboration, working with an existing awarding organisation.

Indicative resource required:

To deliver the above recommendations in their entirety the following resource would be required:

1. Programme management
2. Project management
3. Event management
4. Communications support
5. Seed fund award management either at hub level or centrally by the Academy
6. Ring-fenced funding for bursaries, early seed and seed projects
7. Events budget

8. Policy and impact work for reports, case studies and project follow-up

Indicative timeline for implementation

The recommendations in this report build on existing capabilities and assets within the northern research ecosystem. As such, events, network building, bursaries, early seed and seed funding allocations could feasibly start within six months. System harmonisation, engagement with funders, reports, and impact work would be implemented within a one-to-two-year time horizon.

Development of detailed timeline to implementation, allocation of resource and costings would be co-developed with the Academy and other key stakeholders.



CHAPTER 3: EVIDENCE GENERATION AND ANALYSIS

Data for this report was obtained via three methods: a survey hosted by the NHTA, consultation with NHTA member representatives, and an online symposium. Full details of these evidence generation methods are presented in the Appendix.

Data was gathered on 4 areas: (1) Cross-sector collaborations (2) Researcher mobility (3) The funding landscape (4) the Academy of Medical Sciences and NHTA North of England Cross-Sector Hub.

3.1 Cross-sector collaboration

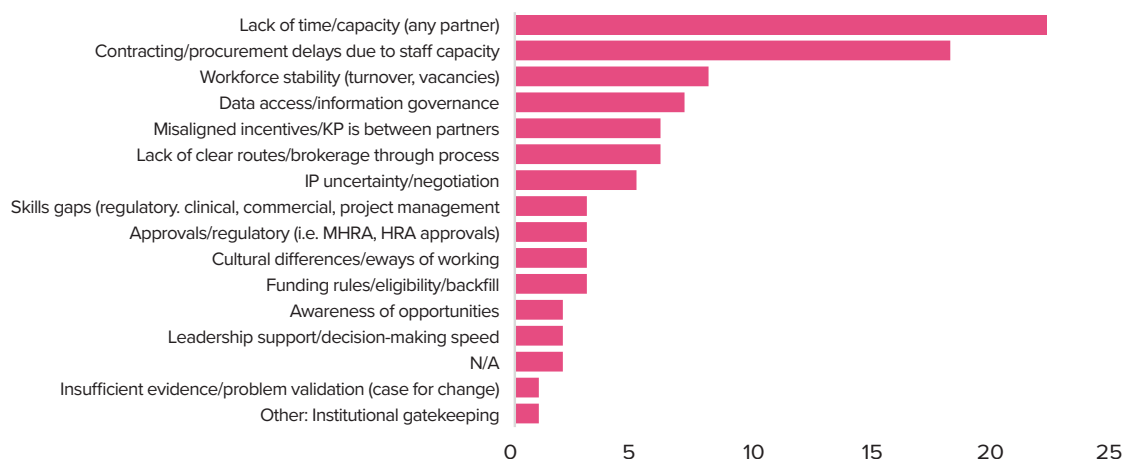
For most survey respondents, the initiation phase of new projects is where the most friction (i.e. where progress is slower or requires more inputs) occurs – contracting and approvals and finding partners being the most commonly selected choice (Figure 1). This was reflected when we asked respondents to describe a recent example of a project and what happened, what caused the delay and what would have helped.

Many of our survey respondents highlighted how initial collaborations require exploration, trust building and then move to detailed contracting and approvals stages, at which point if momentum is not maintained, progression can stall and lead to the collaboration falling apart. This is often exacerbated by staff capacity constraints, as well as lack of funding

Figure 1. At which stage of cross-sector collaboration does friction most commonly occur for you or your organisation



Figure 2. What are the main sources of friction in cross-sector collaborations?



“The exemplar that is the Northern Head and Neck Alliance (NHNA) with complete buy-in from other major NHTA head and neck centres, NHNA has benefitted greatly from the admin support provided by the NHTA, for which we are very grateful - thank you.”

sources and/or infrastructure to effectively support the complex process involved in the set-up phase.

A lack of time and capacity were the most cited source of friction (Figure 2). One respondent highlighted that HEI costing and research ethics committee processes aren’t designed to accommodate industry partners who have an expectation of receiving a service. They also highlighted that social care provider partners are often not familiar with study participation and trial sponsorship. In both cases, external communications and staff capacity within larger research organisations to guide external partners through the process, could be beneficial. No one selected Patient and Public Involvement and Engagement (PPIE) as a source of friction, suggesting there may be best practice we can learn from how PPIE networks and leads engage in consortia.

Despite these challenges, 67% of survey respondents reported that they had seen an example of effective cross-sector collaboration in the last 12 months, while 19% were “not sure” and 14% responded “no”.

When asked about what had made the collaboration a success, several consistent key themes arose:

- Professional networks to build personal connections and trusted relationships
- Shared vision and ambition
- Clear goals and mutual benefit for all partners, as well as shared risks
- Funding in place, especially for staff time, with backfilling clinical tasks in the NHS a consistent barrier
- Individual perseverance

In further discussion of the initial survey results with online symposium participants, several key points of nuance were highlighted regarding the

types of organisations involved in the collaboration.

The NHTA's membership lends itself to focusing on partnerships between NHTA and HEI organisations due to the composition of our alliance. However, our members work with a wide range of partners including SMEs, large industry and VCFSE organisations and collaborations with each of these bring their own challenges and opportunities.

For SMEs, time pressures and a wide range of unknowns can hamper effective collaborations with HEIs or the NHTA. Developing clearly defined goals and timelines are key, and collaborations often require initial exploration and trust building, but the public sector struggles to move rapidly enough for SMEs, while larger industry players have a greater tolerance built into their timelines.

VCFSE organisations can be small by turnover or research income but can have a large impact and bring valuable contributions to a project beyond their scale. However, small organisations have lower capacity and working to develop a time-consuming collaboration can have a high opportunity cost. This requires a strong degree of trust in the relationships to be built up over time to give confidence to commit scarce resource to a project.

Interventions to support cross-sector collaborations

We asked survey and symposium participants to provide examples of success and what factors played a key role in the collaboration's success.

Several key themes emerged:

- Thematic approach to focus in on clear goals
- Ongoing network building and collaboration support builds trust and connections in the ecosystem that can mobilise around opportunities
- Funding to cover staffing and support from standing infrastructure has huge impact
- Culture building exercises between organisation types
- Funding mechanisms to support cross-sector collaborations.

We identified high-level areas for intervention and asked online symposium attendees to vote on where the greatest impact could be had within a six to 12-month time period. The results are shown in Table 2.

This gives a clear steer of focus areas in future development and consultation. The NHTA currently manages 15 networks for its members, as well as hosting the Academy's North of England Cross-Sector Hub and will continue to invest in these and shape activity around the feedback from this report. NHTA networks include:

- Health Equity North
- Women's health
- Child health
- Ageing North
- Nutrition North
- Head and neck cancer

“Mobility leads to more collaboration and stronger regional (and beyond) networks. We facilitate mobility through honorary contracts etc, but this is one of the areas hit by competing internal funding/workload priorities.”

- Advanced therapies
- Data and AI
- Mental health
- Diagnostics and medtech
- NHTA workforce
- NHTA research and innovation
- HEI knowledge exchange
- Investor engagement
- International

In addition to investing in network development as set out in our recommendations, we will look to identify channels for funding to support activity and infrastructure. We will also work with the sector and NHTA members to identify opportunities for harmonising processes and utilising existing networks. Finally, working with the Academy and through the regional networking hubs in England, Wales, Scotland and Northern Ireland, we will look to champion cross-sector working and share tools to build collaborations.

3.2 Researcher mobility

Researcher mobility is essential for career development and knowledge exchange. It supports vital knowledge flows – of ideas, technical skills and leadership qualities – builds social and professional relationships and productivity. A region's workforce skillset is vital for driving its economy and attracting further investment.

The value of social networks should not be underestimated; research has shown that the disruption to social networks caused by state level prohibition in the United States resulted in 13-35% fewer patents per year in states that implemented prohibition vs consistently “dry” states. The impact was largest two to three years after prohibition and then recovered as individuals reestablished their social networks.¹³ Supporting researcher mobility should therefore be seen as an organisational priority for the health of regional research ecosystems, as well as of value to individuals. When discussing researcher mobility, we mean to consider all staff involved in research activity, including medicine, dentistry, nursing, midwifery, allied health professions (AHPs) and other public health professions. More information on the challenges to training and developing the UK clinical researcher workforce is provided in two reports commissioned by the Office for Strategic Co-ordination of Health Research.¹⁴

Table 2. Areas of intervention to support cross-sector collaborations (as identified by online symposium participants)

Response	Percentage of respondents ¹
Building, coordinating, and sustaining cross sector networks	61%
Funding for people's time, agility, and infrastructure	61%
Harmonised processes, contracts, and organisational alignment	48%
Clear entry points, brokerage, and directories of expertise	30%
Data access, data sharing models, and regulatory expertise	26%
Senior leadership backing and culture change	26%
Secondments, training, and workforce development	15%
Tools, spaces, and infrastructure for collaboration and learning	15%

Figure 3. Is your organisation supportive of enabling research mobility



Understanding barriers to researcher mobility

Encouragingly, almost three quarters of survey respondents indicated that their organisation was supportive of enabling researcher mobility, with only one individual feeling their organisation was not supportive. This suggests that senior leadership are aware of the value of researcher mobility and the benefits it can accrue to their organisation. However, 25% of respondents responded “I’m not sure” suggesting that while the value is acknowledged, more can be done to enable mobility (Figure 3).

When asked why organisations supported mobility the following themes were identified:

- Skills development: both technical and broader leadership skills
- Exposure to other sectors and cultures
- Learn from other stakeholders’ needs and constraints better
- Build personal networks
- Retain staff and support career progression

One respondent noted that supporting movement whilst maintaining relationships enables institutions to build ‘alumni’ networks to support future collaborations and generate opportunities.

On an individual level, access to placements was noted to be heavily driven by personal networks, often via the connections of more senior staff, mentors or research group principal investigators. Approvals and HR arrangements was cited as the most common point of friction in arranging

placements, with mismatch between NHS and HEI employment contracts, such as around accrued workplace benefits, maternity benefits, and pay scales (Figure 4). Funding, particularly to cover backfill of staff clinical activities to enable them to be involved in research, was the most cited reason placements failed to go ahead (Figure 5).

Interventions to support researcher mobility

We asked if participants had seen an example of effective researcher mobility and if so, why had it been a success. Only 31% of participants responded “yes”, with 42% responding “no”. Given the benefits described above this is concerning for our region (Figure 6).

Examining what factors had enabled successful mobility, clear role expectations and fully funded placements were important, but notably the most common responses resonated with perseverance, support from supervisors and leaders and the willingness of multiple people to “make it happen”.

At the online symposium, several themes were identified as areas to focus interventions (Table 3).

For researcher mobility between the NHS and HEIs, learning from the NIHR Academy and best practice guidance such as the Follett principles¹⁵ was considered a relatively easily implementable intervention. However, it should be noted that translating best practice into local organisation

Figure 4. In cross-sector mobility, where does friction most often occur?

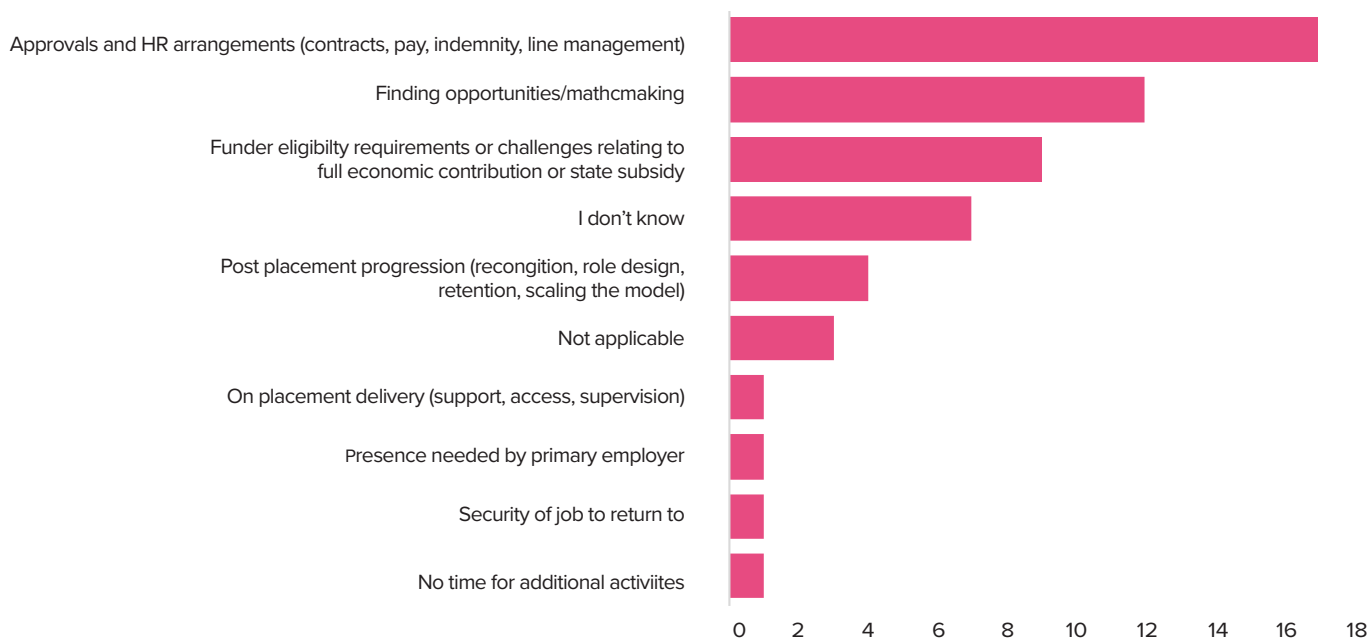
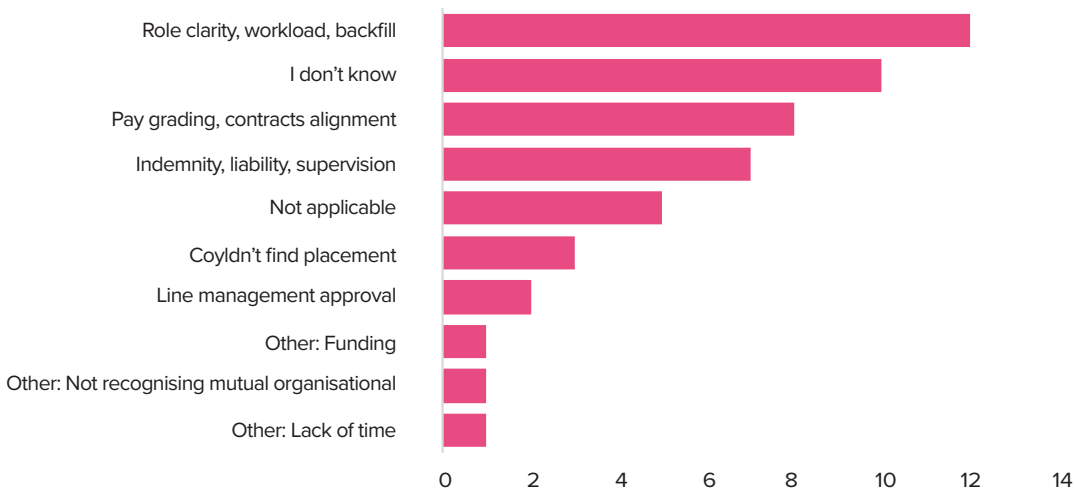


Figure 5. What was the source of friction for cross-sector placements?



processes and interpretations of policies can be a challenge and requires training and mentorship to support HR and operations managers.

Successful funding schemes such as NIHR Team Science Awards, Inspire and Insights programmes and the Academy’s fellowship schemes and other awards were cited as funding schemes that can have great impact. For our research workforce to be successful at winning these awards, a key area of focus should be working with current awardees and funding organisations to provide mentorship and peer support. As well as engaging with funders to provide feedback on what makes these awards so impactful. For example, bursaries to cover conference and travel can be vital for early career researchers especially and is relatively low cost compared to other research funding costs.

For researcher placements with industry, it was noted that companies who have undertaken placements previously have the experience to make the process more seamless. Working with trade bodies and industry networks to promote the benefits of placements but also support to operationalise them would be well received.

3.3 Funding landscape

In this session we hoped to identify any funding gaps in the national funding landscape that may be having an outsized impact: where are the so called “valley of death” gaps when it comes to regional collaborations in the North of England.

There is often strong debate within regional networks over when to collaborate or compete as institutions, a region or within national networks. At least within our survey respondents we see a clear, but not total, preference towards regional consortia funding over single institution or national consortia funding (Figure 7). No one chose “keep current balance” and reasons for respondents’ choices are shown in Table 4.

Examining what stage of project support would benefit from more funding availability, survey respondents considered early project ideation and consortia building to find partners to currently be underfunded (Figure 8). Figure 8. Stages which would benefit from more funding availability

It was noted that short timelines favour pre-existing consortia and that funders can alleviate this by giving longer advance notice of funding calls, and streamlining the applications process, perhaps having early expression of interest rounds to bring together partners and vision, with funding to support consortia building ahead of the full application.

Looking towards project impact and sustainability, it was noted that where we have had successful consortia, follow on funding to maintain the infrastructure created beyond the impacts of the project can have considerable impact, and represents better value for money. Online symposium participants noted that northern institutions often lack ringfenced funding that can be used to carry over staff and retain assets until another funding round lines up. Participants who have worked in the North and South noted this was a significant cultural difference they

Figure 6. Have you seen an example of effective researcher mobility in the last 12 months?

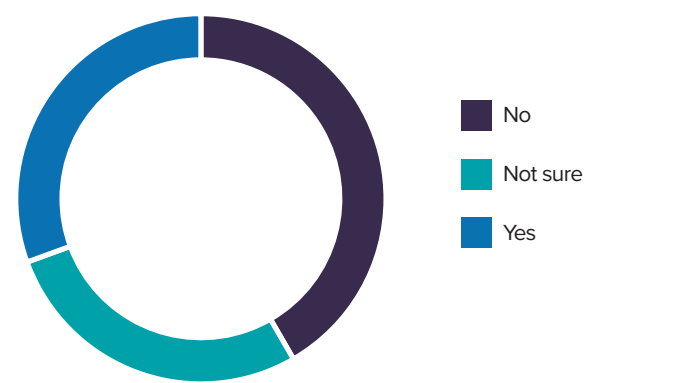


Table 3. Areas of intervention to support researcher mobility (as identified by online symposium participants)

Response	Percentage of respondents¹
Funded time, buy out, and backfill to enable mobility	64%
Joint appointments, adjunct roles, and flexible contract models	42%
Faster, standardised contracting and agreed frameworks	39%
Clear funding pathways and national or regional mobility schemes	33%
Advance planning, coordination, and use of good practice	28%
Networks, matchmaking, and partnerships to enable placements	25%
Career pathways, job security, and workforce clarity	22%

Figure 7. What balance of funding mechanisms would be most effective for strengthening the northern research and innovation (R&I) ecosystem?

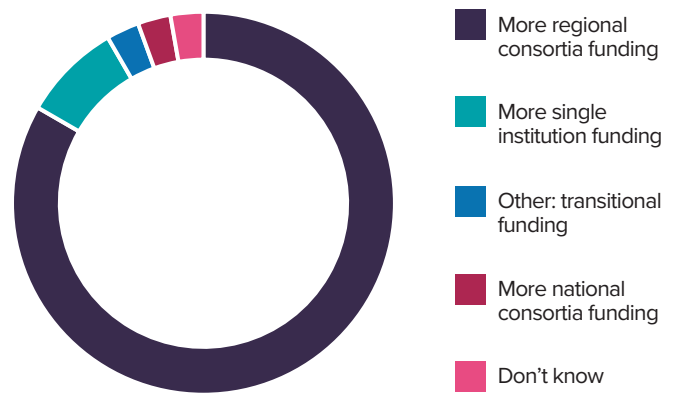


Table 4. Preferences for different research funding mechanisms identified by online symposium participants)

Survey response	Reasons for preference
More single institution funding	Allow single awardees to decide how to allocate funding and find partners globally. Consortia funding risks spreading funding too thinly across many organisations. UK funders should back some “winners” for maximum impact.
More regional consortia funding	Collaborations enhance impact but local context is important. Regional funding allows us to concentrate skills and expertise to attract invest and grow from. Local collaborations are easier logistically / operationally to manage. Regional consortia are better able to address health problems with local insight not available to national call panels. Regional consortia can feed into national programmes with greater insight and clarity of local challenges.
More national consortia funding	Projects should match capabilities not geography.
Translational funding	Challenge focused teams with input sourced locally, nationally and internationally will have the greatest impact.

hadn't experienced when working in southern institutions. This process of winding down programmes and restarting them when new funding comes in introduces significant inefficiencies and opens the potential for brain-drain as staff move on to new projects, potentially out of the region.

Interventions to close funding gaps

The survey results were discussed at the symposium and attendees were asked to suggest interventions for the NHTA to pursue in the next 12 months. The suggestions were categorised thematically and are summarised in Table 5.

It was agreed that place-based strategic funding can have great impact in allowing regions to embed infrastructure for further investment and development. The UKRI Strength in Places Fund (SIPF) to support innovation-led regional growth is an example of an effective funding mechanism that has achieved this in the past. In Liverpool city region, SIPF funding supported the Infection Innovation Consortium, which now manages a portfolio of £251.5million on an initial investment by UKRI of £18.6million. It has worked with over 900 industry partners who have spent over £1billion on infection R&D activity in the region and attracted additional investment into facilities, including a world-leading £20million category three level, robotic-enabled infection research laboratory. 36 new products have been developed, and 315 jobs have been created or safeguarded.¹⁶

Alongside the large strategic funding investments, short, flexible exploratory seed funding can be vital for injecting momentum into fresh consortia, to reach the point that a network would be in the position to apply for a SIPF-style funding scheme. Funding to specifically support regional and thematic networking and collaboration building work, covering events, travel, skills seminars, challenge-led sandpit events, and initial project development activity are also crucial to maintaining a healthy research ecosystem.

While increased funding to better support early project ideation and network building activity would be warmly welcomed, we recognise that there is a limited funding envelope and all funding allocations result in trade-offs elsewhere.

As such, we also explored what non-financial support from funding bodies could improve value for money and address the barriers to collaboration. Some of the feedback received and ideas discussed are summarised below:

Streamlining processes and new funding mechanisms

- It was felt that anything funders can do to support streamlining the complex processes involved in cross-sector collaborations and large consortia would be well received.
- The Follet Principles¹⁷ were cited as an effective example of where national level guidance can provide clarity and support collaborations. Any work by national funders to streamline or de-duplicate processes such as data protection and information governance and evaluation frameworks between HEIs, the NHS and local government would be welcomed.
- Supporting the sector to be able to quickly resolve disparities between pay scales, maternity leave and other employee benefits is essential.
- Creating more opportunities for collaborative discussions within funding calls, as well as providing early sight of funder priorities and intentions to fund for large consortia. Additionally, having competition timelines that account for the complexity involved in activating new multi-partner consortia.
- It was suggested that national funders could provide costings guidance, particularly for set up costs. Disseminating learning from previously successful consortia projects can be very valuable for this if partners are willing and able to be open about the costs associated.
- It was also suggested that an innovative funding mechanism could be the ability to recoup costs involved in building the consortia if a bid is successful.

Figure 8. Stages which would benefit from more funding availability

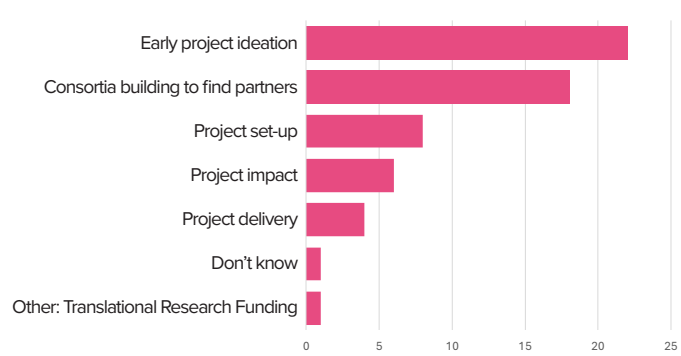


Table 5. Interventions to close gaps in the funding landscape (as identified by online symposium participants)

Response	Percentage of respondents ³
Place based and strategic funding aligned to regional priorities	60%
Short, exploratory seed funding for early collaboration	53%
Consortia building and multi organisation funding mechanisms	33%
Industry linked and sponsored funding for collaboration	33%
Brokerage, expertise mapping, and support to form collaborations	30%
Team science, fellowships, and collaborative research awards	23%
Funders shaping pipelines and collaborative opportunities	17%

Skills matchmaking

- Funders can support the creation of consortia by providing support to matchmake skills and potential partners, both passively throughout the year and actively at the time of a funding call.
- Funders could maintain a directory of contact details for organisations operating in specific fields interested in collaborations, or opportunities to engage with existing collaborations.

Culture change

- Funders should celebrate collaborations and researcher mobility, with formal recognition for organisations and individuals who actively promote collaborations and build networks, especially where doing so is for mutual benefit of all partners and the region.
- Additionally, funders should support and champion work to engage with industry and commercial partners to translate research into impact.

What can we do as a region?

We recognise that our northern institutions have a role to play in encouraging and supporting cross-sector collaborations and researcher mobility. We therefore also explored what organisational support the NHTA and its members could contribute to delivery in this space. Based on feedback, we make the following recommendations and will be exploring these with our members for future development:

1. Direct support for staff to engage in networking activities, building a culture that supports and celebrates staff for developing collaborations.
2. Simplify contracting and legal requirements, and provide training and put staff in place whose role is to navigate and support the creation of collaborative projects, joint appointments, secondments etc. Additionally, members should look to involve their research and business development teams in supporting regional collaborations.
3. Greater support for funding bid development – building on support the NHTA already offers support for large consortia within its membership.
4. Host more in-person collaboration events to build relationships and trust, as well as to proactively scout for opportunities.
5. Look to develop memoranda of understanding, brokered by a neutral partner such as the NHTA to formalise partnerships.

6. Work with UKRI to underpin or co-fund work aimed at innovation ecosystem evolution.

3.4 Academy of Medical Sciences and NHTA North of England Cross-Sector Hub

The Academy of Medical Sciences’ regional networking hubs are part of the Academy’s Cross-Sector Programme, supported by the Wellcome Trust and the Department for Science, Innovation and Technology. Each hub aims to be a centre of collaboration, welcoming everyone interested in improving health across the UK. The Academy currently has hubs in Wales, Northern Ireland, Scotland and the North of England, each in partnership with established network organisations to reflect local expertise and leverage regional strengths.

As the regional delivery partner for the North of England Hub, the NHTA took this opportunity to consult with our research community on what they would like to see from the regional hub going forward – particularly in relation to addressing the issues identified in this report and aligned to the NHTA’s organisational strengths.

We see an even split between focus areas to take forward (Figure 9).

Looking at activity we should be undertaking in more detail with online symposium attendees, we see a clear steer from our community to engage on these issues with seed funding, sandpit style challenge or thematic focussed events, paired with networking events and support to build collaborations as top issues (Table 6).

Seed funding

Provision of seed funding, particularly tied to sandpit style challenge-based events was a clear priority. To understand this better we asked online symposium attendees what the minimum amount of seed funding to have an impact should be (Figure 10), and what activity that seed funding should fund.

Excluding outliers, the suggestions for the minimum amount of seed funding to have an impact ranged from £10,000 to £60,000, with a median amount suggested of £15,000 and a mean of £42,500. It was noted that this is dependent on research area; seeding funding for cell and gene therapy research requires significant investment over other research areas. Additionally, some felt that seed funding at the lower end could fund initial discussions, strengthen relationships and prepare for follow on funding, while funding closer to a level of £40,000 could release clinical staff from practice and enable initial work including PPIE.

“Yes, I wanted to undertake a placement but [it was] not possible for HEI/NHS to agree joint contracts. Different payscales. Different T&C.”

Figure 9. Ideas for the North of England Cross-Sector Hub focus areas

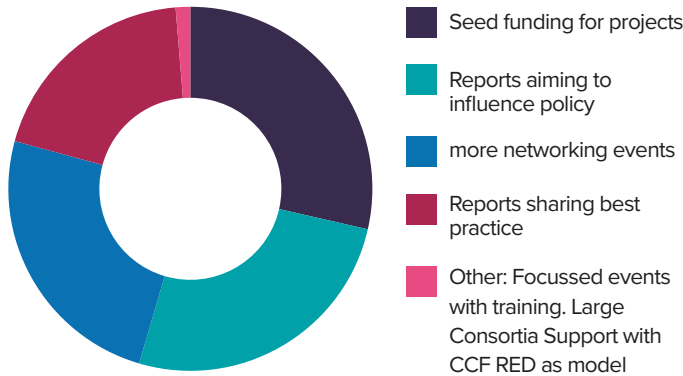


Table 6. Suggested interventions for delivery by the regional networking hub (as identified by online symposium participants)

Response	Percentage of respondents ⁴
Seed funding, small grants, and pump priming for collaboration	64%
Sandpits, challenge based models, and ideation spaces	58%
Networking, matchmaking, and multi organisational models	56%
Expertise mapping, skills audits, and needs identification	39%
Joint advocacy, strategic alignment, and northern coordination	28%
Embedded co production hubs and facilitation capability	14%
Digital tools and structured collaboration platforms	11%
Writing, mentoring, and action learning support models	3%

Figure 10. What is the minimum amount of seed funding to have impact?



APPENDIX AND REFERENCES

Evidence generation methods

Data for this report was obtained via three methods:

1. A survey hosted by the NHTA through Microsoft Forms, with 36 responses received.
2. Consultation with NHTA member representatives.
3. An online symposium hosted using Microsoft Teams, attended by over 70 participants.

For the survey and symposium, the NHTA attempted to involve as many stakeholder categories from our ecosystem as possible. The survey and invitation were distributed via our networks with a request to pass the survey onward and the opportunity to ask for an invitation to the symposium included in the survey and invitations. Survey data was analysed using pivot tables within Microsoft Excel.

Use of Artificial Intelligence (A.I.)

The NHTA made use of Microsoft Copilot (version number: bizchat.20260429.16.2) in the production of this report, as detailed below. No A.I. generated content was used without human oversight and review. A.I. was used to generate near real-time thematic summaries during the online symposium, as detailed below. The NHTA does not use A.I. generated content in its graphic design work.

Microsoft Copilot use included:

- Copilot research was used to assess early drafts of the survey questions and provide feedback on ensuring adherence to best practice in surveys. Suggestions for change were reviewed and accepted or declined based on staff assessment. Prompts used: "You are a professional survey writer, you value scientific robustness and have a background in social science research. Write me a quick summary of best practice in survey design to get data required to write a short report exploring barriers and opportunities to cross-sector collaboration and mobility within the life science sector. Suggest 5 key questions to ask." and "Please look at my finalized survey here and make suggestions for improvement: NHTA Survey on Cross-Sector Collaboration"
- Copilot MS Forms Agentic A.I. was used to create the starting draft survey webpage from the original word document. Prompt used: "Help me build a survey, I have drafted the survey below and included some indication of what type of response each question is looking for (tick box, free text, etc)."
- Copilot was used during the symposium to record the meeting and capture actions.
- Copilot was also used to rapidly assess online symposium participants free text responses to Word Cloud polls and generate thematic clusters for multiple-choice voting polls that were presented back to symposium participants within a few minutes. This interactive symposium function could not have been delivered at pace by human intervention and the use of A.I. for this purpose removed any facilitator bias. Prompt used "The text below is a list of short, free text responses submitted by workshop participants to a word cloud poll. Please:
 1. Group responses that are clearly similar into thematic clusters
 2. Propose 6–8 concise theme labels, using participants' language wherever possible
 3. Keep themes neutral and descriptive and reframe as solutions or policy recommendations.
 4. Flag any responses that could reasonably sit in more than one theme
 5. Avoid adding interpretation, judgement, or new ideas that were not explicitly statedThe output should be suitable for turning directly into a multiple choice voting poll."

Tables 2, 3, 5 and 6 in this report are outputs from such voting polls, generated 'live' using Copilot, during the symposium.

- Lastly, Copilot was used as an objective quality assurance (QA) tool, to assess a first complete draft of this report against the project brief specified by the Academy in the grant award letter to the NHTA. Minor omissions identified by Copilot were reviewed and addressed by the report authors during final editorial reviews.

Participant demographics

It is noted that survey respondents (Table A1) and symposium participants (Table A2) skewed towards academic and NHS research and innovation staff. Earlier career individuals and VFCSE organisations were not well represented in our dataset (Table A3). Not all survey respondents or symposium participants answered these specific questions, therefore totals sum to less than the number of survey responses and symposium participants.

Table A1. Survey respondents – stakeholder mix

	Count
Academia	25
Health Innovation	1
Industry – SME	1
Innovation Organisation	1
Integrated Care System	1
NfP Membership Organisation	1
NHS / healthcare provider – clinical	3
NHS / healthcare provider – research and innovation	10

Table A2. Symposium attendees - stakeholder mix

Response	Count
Academia	33
NHS / healthcare provider – research and innovation	14
Other	10
NHS / healthcare provider – clinical	6
Funder – public sector (UKRI, Innovate etc)	1
Investor / finance	1

Table A3. Survey respondents – career stage

Value	Count
Executive – leadership	13
Senior	13
Mid-career	6
PhD	2
Associate Director	1
Professional Services	1

References

- 1 Olubajo, L., Dimitri, P., Johnston, A., & Owens, M. (2022). Managing interorganisational collaborations to develop medical technologies: the contribution of interpersonal relationships. *Journal of Medical Engineering & Technology*, 46(6), 482–496. <https://doi.org/10.1080/03091902.2022.2089255>
- 2 Future-proofing UK Health Research: a people-centred, coordinated approach <https://acmedsci.ac.uk/file-download/23875189>
- 3 Future-proofing UK Health Research: a people-centred, coordinated approach 2025 Update <https://acmedsci.ac.uk/file-download/23875189>
- 4 Saenz C, Krahn TM, Smith MJ, Haby MM, Carracedo S, Reveiz L. Advancing collaborative research for health: why does collaboration matter?. *BMJ Global Health*. 2024;9:e014971. <https://doi.org/10.1136/bmjgh-2024-014971>

- 5 Estimating the Economic Value of NIHR Biomedical Research Centres and Units, N.Hex et al, 2020
- 6 Ozdemir BA, Karthikesalingam A, Sinha S, Poloniecki JD, Hinchliffe RJ, Thompson MM, Gower JD, Boaz A, Holt PJ. Research activity and the association with mortality. *PLoS One*. 2015 Feb 26;10(2):e0118253. doi: 10.1371/journal.pone.0118253
- 7 Sussex, J., Feng, Y., Mestre-Ferrandiz, J. et al. Quantifying the economic impact of government and charity funding of medical research on private research and development funding in the United Kingdom. *BMC Med* 14, 32 (2016). <https://doi.org/10.1186/s12916-016-0564-z>
- 8 NHTSA Analysis of the UK Clinical Research Landscape in 2022, B.Martyn, 2024 <https://www.thenhsa.co.uk/app/uploads/2024/02/2022-Health-data-analysis.pdf>
- 9 Future-proofing UK Health Research: a people-centred, coordinated approach <https://acmedsci.ac.uk/file-download/23875189>
- 10 Future-proofing UK Health Research: a people-centred, coordinated approach 2025 Update <https://acmedsci.ac.uk/file-download/23875189>
- 11 <https://innovationpathway.healthinnovationnenc.org.uk/>
- 12 Olubajo, L., Dimitri, P., Johnston, A., & Owens, M. (2022). Managing interorganisational collaborations to develop medical technologies: the contribution of interpersonal relationships. *Journal of Medical Engineering & Technology*, 46(6), 482–496. <https://doi.org/10.1080/03091902.2022.2089255>
- 13 Bar Talk: Informal Social Networks, Alcohol Prohibition, and Invention. M.Andrews, 2023
- 14 Clinical Researchers in the United Kingdom: Building capacity to improve population health and promote economic growth Sub report one: Nursing Midwifery and allied health professions, sub report two medically qualified researchers: <https://www.ukri.org/publications/clinical-researchers-in-the-uk-reversing-the-decline/>
- 15 Implementing Follett principles for health and care organisations, 2024, <https://www.nhsemployers.org/system/files/2024-11/Follett-principles-guidance-for-HCPs.pdf>
- 16 iiCON Annual Report 2025
- 17 Implementing Follett principles for health and care organisations, NHS Employers 2024



