

Information call transcript

Evaluation of the 'Exploring Social Franchising and Licensing Programme'

3 October 2017

NOTE: All tenders should be completed using the tender response form. An electronic copy should be sent to Donna.Buxton@health.org.uk by **12.00 (midday) on Friday 27 October 2017**

Speaker Key:

Op Operator
DB Donna Buxton
DA Daphne Amevenu
Q/A Q&A participants

Introduction

Op Welcome ladies and gentlemen to the evaluation of the 'Exploring Social Franchising and Licensing programme'. My name is Molly and I will be your co-ordinator for today's event. For the duration of the call your lines will be on listen-only, however, there will be an opportunity to ask questions. If you need assistance, please press *0 on your telephone keypad and you will be connected to an operator. I will now hand you over to your host, Donna Buxton to begin today's conference.

DB Thank you, Molly good afternoon and welcome everyone to the information call relating to the evaluation of the exploring social franchising and licensing programme. Thank you for joining us. My name is Donna Buxton and I am a Research Manager at the Health Foundation. I'm responsible for the management and delivery of the ITT and will be the day-to-day contact for the evaluation.

In the room with me today is Usha Boolaky who is a Senior Research Manager here at the Health Foundation. I also have Sarah Henderson who is the Associate Director for Improvement, Daphne Amevenu who is a Programme Manager, Therese Lloyd - Statistician and we also have Matt Towner who is a Manager from the International Centre for Social Franchising, ICSF joining us on the call.

The purpose of this call is to provide you with an overview of the evaluation of the exploring social franchising and licensing programme and to go through what we are looking for in your tender response. We will try to address the questions that you have submitted and general points as we go through the information call before opening up to questions. Afterwards we will follow up with a transcript of this call which will be posted on the same page as the ITT on the Health Foundation website by the end of next week.

This call is designed to clarify the current parameters of the programme and the evaluation and to address all current questions that you may have. Please note that we cannot answer specific questions about your intended proposal. If you would like to discuss your response please contact me at donna.buxton@health.org.uk and we can arrange a suitable time to discuss. Similarly, as you complete your tender response if you have any questions please email me at the same address that is donna.buxton@health.org.uk. If you experience any issues with the sound during the call please raise this immediately with Molly, the moderator, who will let us know. I'll now hand you over to Daphne who will give you a brief overview of the programme.

Overview of the programme

DA Welcome to the call everyone. A key and defining component of the Health Foundation's vision is to replicate health and social care interventions that are proven to improve patient outcomes. The challenge is not only to replicate successful projects beyond their original sites but also to fully understand under what conditions these interventions are the most effective. In light of increasing pressures on the NHS, leveraging improvement interventions that have the potential to improve patient outcomes or reduce costs is arguably more important than ever.

Social franchising and licensing techniques are interesting approaches to replication which we would like to explore in the exploring social franchising and licensing programme. We have been working with the ICSF who are a not for profit social enterprise supporting organisations to replicate successful social impact solutions. This is a new and exciting area of work for the Health Foundation and we are delighted to deliver such an innovative programme and also to design an evaluation to run alongside it.

The aims of the programme are to support four teams or originator sites to develop and pilot social franchising or licensing models, to replicate their interventions with implementer sites, understand whether social franchising and licensing techniques help support sustainable replication and to deepen our understanding of how contextual factors and local adaptations impact on replication outcomes. There will be four phases of the programme.

Phase one is the design and market research phase when teams will work alongside the ICSF to develop and establish their own unique social franchising or licensing model and determine the market demand for the intervention.

During phase two teams will develop the supporting documents for the implementer sites including franchise or licence agreements and procedural documents. Recruitment of the implementer sites will also begin during this phase.

In phase three the teams will pilot their social franchise or licence model across a number of implementer sites. This will vary depending on the site but is expected to be between two and four sites.

The final phase will be the full launch of the intervention. By early November 2017 the Health Foundation will have selected up to four originator sites to test social franchising and licensing approaches.

The ICSF supports the projects, and their support will run from November this year through to the end of the pilot phase in late 2019. I will now hand you back to Donna who will explain the evaluation.

Application and assessment process

DB Thank you, Daphne I will now give you an outline of the timeframe for the evaluation before giving you some further detail on it. So in terms of timeframes the ITT that we launched on Tuesday, 19 September is aimed specifically at recruiting a provider to undertake an independent evaluation of the social franchising and licensing programme. The tender is an open, competitive process. It is available to suitably qualified and experienced evaluation teams based in the UK.

All submissions must be received by 12 noon on Friday, 27 October 2017 at the latest using the tender response form which accompanied the ITT. Submissions received after this time will not be accepted. When putting together your proposal we ask you to also refer to the example of our standard contract for evaluation services which was attached to the published ITT which will give you a flavour of what our contractual arrangements would be. Shortlisted applicants will be interviewed on Monday 20 November and a successful evaluation partner will be appointed at the end of November to commence the evaluation in January 2018.

The evaluation will last approximately three years with final reporting in 2021. An outline of the evaluation governance can be found within Annex three of the ITT. The evaluation and therefore the ITT have two distinct parts.

The first part is to design and deliver a process evaluation of all four phases of the programme so this would be from January 2018 through to early 2021. We are interested to know and understand the experience of setting up and supporting social franchising and social licensing as models to encourage the replication of improvement projects across healthcare. The evaluation should therefore explore how the programme is being delivered, what works in set up and delivery, core elements of the approach including contextual factors which sit across all the selected projects at both the originator and implementer sites. Also give consideration to the process of scaling the model beyond the pilot phase to new implementer sites and any associated challenges to that.

The second part of the evaluation is for the evaluator to work closely with us, ICSF and the originator site to develop a detailed evaluation framework for the summative evaluation which will be commissioned separately towards the end of 2018/19. It's important to note therefore that the ITT only relates to conducting a process evaluation and to develop an evaluation framework for the summative evaluation.

In terms of deliverables from the evaluation over the course of the programme the evaluation partner will be expected to provide a draft evaluation framework for the process of evaluation by mid-January 2018, this should include establishing data sources, research tools and frequency of data collection. The framework should also take into consideration any piloting required for the research tools.

Another deliverable will be a draft evaluation framework for the summative evaluation in May 2018. This should include where possible outline research tools, statistical analysis plans and protocols. The successful evaluator should give consideration to establishing data sources, data commissions and

timeframes, frequency of qualitative data collection and any other preparation for the summative evaluation. This will be followed by a review and discussion at the first evaluation advisory group meeting which is scheduled to be in May 2018.

The third deliverable, will be a final evaluation framework for the summative evaluation and this will be delivered in June 2018. We are also expecting interim progress reports in quarter one 2019 and quarter one 2020. These should contain updates on progress, challenges and emerging themes of the programme. Where possible, findings should reflect individual project characteristics, ie, local factors and programme level factors too. A final report will be submitted in quarter two 2021. This should pull together and synthesise key findings from each of the individual project sites. This report will provide an overarching narrative of the programme to understand the nature of establishing social franchising and licensing models in health and social care.

When applications are received they will be assessed by the Health Foundation looking at eligibility and fit with the assessment criteria as outlined in the ITT. If you're unsuccessful at this stage you will be notified by 15 November by email. Unfortunately, detailed individual feedback cannot be provided to applicants at this stage. Those that are successful at this stage will be invited to an interview at the Health Foundation offices in Central London for the selection process. Interviews will take place on Monday, 20 November 2017.

So to summarise, the deadline for your tender is 12 noon on Friday, 27 October 2017. We will not accept applications after this time. Assessments will be carried out from the end of October through to 10 November and interviews will take place on Monday, 20 November. Please ensure that you are available for interview on this day as we are unable to offer applicants alternate interview days. Final decisions will be made week commencing 27 November.

Best practice for completing your proposal

I'm now going to go through best practice for completing your application and this is before we open up for questions. I'm going to run through some key criteria for applications and pick up any questions we have already received, later. Much of this may sound obvious but there are some key elements that are often omitted from applicant submissions. Number one, first, ensure your proposal provides a suitable methodology to address each of the aims and evaluation questions outlined in the ITT. The aims are outlined within section 4.1 of the ITT and the evaluation questions within sections 5.6 and 5.8.

Invariably applicants fail to address one or more of the aims of a project. We are keen that the evaluation addresses each of the aims outlined in the ITT and it is important that you provide a suitable methodology to reflect this.

Second, ensure you complete all sections of the tender response form. Proposals will be assessed using the following criteria; expertise in evaluating complex interventions using a range of qual and quant techniques, experience and strong understanding of designing and collecting robust statistical data as well as its analysis, knowledge or awareness of the health and social care sector and healthcare settings, knowledge or awareness of scaling replication and

social franchising and an interest in designing and analysing evidence that will help understand mechanisms for replication and of factors impacting on implementation. Appropriate project management, risk management and quality assurance expertise. Demonstrable capacity to deliver the evaluation on time, on budget and to the required standard with proven ability to flex resource capabilities and adapt to changing environments when required; this is particularly important in the early stages of the evaluation as some projects will be starting from different points and are likely to develop at different paces. Finally, the ability to draw on other expertise if needed and work collaboratively with a range of stakeholders.

The tender response form provides the opportunity to demonstrate how you meet each of the separate criteria and it is important to ensure that you demonstrate suitable knowledge, experience and expertise to deliver the evaluation and to design the summative evaluation framework.

Third, ensure you provide an accurate and realistic costing for the evaluation. Please ensure that you include all relevant costings in your proposal as outlined in the supplied budget template. The budget available for the evaluation is up to £200,000 inclusive of any VAT chargeable on the work. We will not consider submissions above this amount. It is also worth noting that our maximum allowable daily rate is £1,000 plus VAT.

Question and answer session

We've received a number of questions relating to the evaluation and I'll go through these now with the Health Foundation responses, before we open out to your questions. Before I go through the questions that have been asked in advance of the call, please note that we can't go into detail on your individual projects today. If we feel that further information is needed to clarify specifics on your project we can do this outside of the call. It is also worth noting that we can take additional questions after this call and we will share our responses to these additional questions on our published transcript.

If you wish to email us additional questions please do so within 24 hours of this information call and at the latest by close of play of this Thursday, 4 October. I'll now go through the questions that we've been asked and I'll give the Health Foundation's response. First question: we've had a question asking if there is an overarching logic model or theory of change for the programme. Our response is there is a theory of change and this will be moderated as we move through the evaluation and individual logic models will be developed for each site as outlined within the ITT. We can share the theory of change after the information call for those interested.

Second question; we've had a question in on whether the evaluator will be able to receive project information before the inception meeting. The answer to this is yes, publicly available data will be available to the evaluator and more details, project-specific information will be available as appropriate at the time.

We've had one question in relating to the originator sites; do you have a ballpark figure as to how many originator sites you are seeking to recruit. And my answer is there will be four originator sites recruited.

We've had questions relating to the implementer sites; this question is in terms of implementer site selection and we've been asked how and when will implementer sites be selected, is there likely to be a selection criteria for these? Also, will the Health Foundation and the ICSF be selecting the implementer sites with or without originator input? Our response is that implementer sites will be selected during the systemise phase. Recruitment of implementer sites is likely to continue into the pilot phase also. The selection criteria for the sites will be determined by the originator sites, with advice from ICSF, about the ideal characteristics of these sites. Originator sites will be responsible for recruitment of implementer sites.

We've also been asked if we have a range in mind on the number of implementer sites at this stage based on previous experience. The number of implementer sites we expect is between two and four implementer sites per project. A further question we received around implementer sites and the evaluation specifically was whether participation in the evaluation is a requirement for potential implementer sites. For example, is getting the franchise licence conditional on agreeing to participate in the evaluation? Our response is it will be a requirement for implementer sites to participate in the evaluation through sharing their data to contribute to the evaluation.

We've also been asked if we have an idea as to what might happen if the implementer sites deviate from the model; to what extent is strict fidelity expected? Our response is through the design and systemise phase the originator sites will determine what aspects of the intervention must be adhered to and what aspects can be adapted for the local context of the implementer site. This detail is expected to be included in franchise licence agreements.

Finally, we've got one evaluation-specific question, we've had a general question; the question is to what extent is there a desire or expectation for the summative and process evaluation to explore progress and activities in the wider rollout site 2020 to 2021? So just to clarify here we're expecting the process evaluation to consider and evaluate activities at the implementer sites up until the final report in 2021. The summative evaluation design will need to consider how we collect data on outcomes for at least two years post-rollout. At this stage however we are looking for advice and guidance on the best way to do this within the summative evaluation framework and we are not expecting detailed analysis.

So this is the end of the questions we've been asked and our response and we'll now open up for questions. We want this session to be useful to all attendees so please try and keep your questions to seeking general guidance and information. We are now ready for your questions.

Op Ladies and gentlemen if you would like to ask a question please press *1 on your telephone keypad. Please ensure that your line is unmuted locally. You will be advised when to ask your question. We have no questions at the moment, just a reminder it's *1 on your telephone keypad to ask a question.

Q/A I would just like to check, did you say it is only open to individuals or organisations in the UK or does that apply also to the individual evaluation team? Do they have to live, be resident in the UK?

- DB No, not necessarily the evaluation team does not have to be resident in the UK.
- Q/A Thank you.
- Op We have no further questions so I'll hand you back to your host to conclude today's conference.
- DB Thank you very much, Molly so I think this is the end of this information call. If you have any further questions please feel free to email me at donna.buxton@health.org.uk. As mentioned previously a copy of the transcript from the information call will be available on our website shortly. Also if you're happy for us to share your details with other attendees for potential collaboration please email me. And we are looking forward to receiving your applications by noon on 27 October. Thank you everyone and good afternoon.
- Op Thank you for joining today's call you may now replace your handsets.

Follow up questions received after the information call

Following the call we had the following questions sent in. Please see the questions below and our responses.

Question 1: My organization is based in the US but I live and work from the UK. Could you please provide details about the eligibility requirements for applicant organisations?

Health Foundation response: Normally we have no issues with a provider not being based in the UK. That said we would ask you to, in your proposal to (1) make a convincing case that location is not going to be an issue (2) location does not come at the expense of a lack of connection to the appropriate community of practice (3) all proposals are judged against value for money (so we would scrutinise travel costs etc) and (4) to fully demonstrate how location would or could impact communication. We are looking for an evaluation team that would consistently be able to offer flexibility in order to respond to evaluation requirements in a timely manner.

Question 2: Please could you send the Theory of Change and logic models that have been developed?

We have a theory of change for the programme, please see page nine.

Social Franchising

To learn in what circumstances and in what ways social franchising/licensing are effective mechanisms to successfully and sustainably spread proven interventions in the UK healthcare sector

