

Questions received at the information call

Developing the Long-term research agenda: COVID-19

The Information call took place 30 July 2020 / 16.00

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If you have any questions not covered below, please email to the programme team at research.mailbox@health.org.uk

The deadline for proposals to be submitted via the AIMS online platform is 16.00 on Thursday 13 August 2020. We will not accept late submissions. We advise all potential applicants to familiarise themselves as early as possible with the application process and platform.

Please ensure that you have read this *Frequently asked questions* document, the *Invitation to tender* document and *AIMS applicants user guide* before completing and submitting the application form.

Questions asked during the information call

Q1 Given the short time frame should applicants concentrate on mapping the landscape or stakeholder engagement?

Mapping the landscape should be based on existing databases and interviews with stakeholders. We anticipate this forming the basis for the deliberative engagement and consultation process but it should not detract from developing a highly participatory programme. Successful providers would ideally already have access to an extensive network of relevant stakeholders across the whole of the UK.

Q2 What is the scope of the research e.g.: biomedical / clinical / social?

The programme is not focusing on developing a vision for biomedical and clinical research, but rather the social, political, economic and public health research which will be needed to understand the impact of COVID-19 and our preparedness and resilience to future health shocks. It should have a strong policy and practice focus, and think about the interfaces between different sectors and disciplines – of which biomedical and clinical responses will be a part.

Q3 How is the Health Foundation expecting the successful team to balance activity and ambition with realistic delivery plans?

We are aware of the ambitious timescales – this in part reflects the fast moving nature of the pandemic and the challenge of ensuring a robust enough funding response. We will necessarily have to make choices as the programme progresses and have put in place the appropriate governance structures needed to be able to work closely with the successful provider to ensure that we respond to the changing environment.

We would ask providers to make suggestions in their tender response about how to manage this challenge and what their recommended 'best approach' would be given the ambitions of the work.

Q4 Will the Health Foundation be leading this work with its strong brand?

The programme is designed to provide an independent view on the priorities needed for the long-term research agenda in response to COVID-19. Therefore, the Health Foundation will be leading this work, in collaboration with the Nuffield Foundation and Wellcome Trust to strengthen the scope of the programme. Our Comms Team will be working with us throughout the programme to ensure we maximise the opportunities to both engage stakeholders and communicate our findings, and our expectation is that the successful provider will (a) demonstrate in their bids how they will work with our comms team to support the development of the programme and (b) work to ensure that both the process and the outputs are used as an opportunity to influence funding discussions as they emerge.

Q5 How will the project balance diversity in views with building a consensus on the vision? And how will the Health Foundation manage uncertainty?

Debate is welcome but we are looking for consensus, we need people to come together and so the process should be designed to work towards consensus on key themes (although it is also appropriate to capture the diversity of views). The aim is to produce an agenda which is broad, but clear, and supports the wider funding community as it moves forward in its discussions around what to prioritise and fund.

We recognise there is a huge amount of uncertainty within the debate around COVID-19. We hope the programme will help bring some clarity around what matters most and where to prioritise funding resources.

But we also appreciate that this will not be easy and will be working closely with the provider to manage this throughout the contract through very regular delivery group meetings. We would like providers to think about how they will manage the balance between diversity, consensus and uncertainty in their bids.

Q6 Is the Health Foundation focusing on health care alone?

No, we are clear in the invitation to tender that we are looking to understand what research is likely to be needed to understand the impact of COVID-19 on health care, social care and public health. This may be wide ranging (eg impact of decisions on manufacturing on our ability to mobilise a health care response) or very focused (eg how might care homes be best supported to manage any future crisis?).

Q7 How open is the Health Foundation to co-led proposals?

We are open to this and are happy to receive proposals involving collaborations or partnerships between organisations. In your tender response, please specify what role any partners will have and indicate the current level of progress in developing the collaboration.

For contracting and administrative purposes, we require partnerships and collaborations to have only one lead contact and organisation. That person and organisation will be ultimately responsible for delivery against the contract and will be responsible for the quality assurance of the work.

Q8 Who would the Health Foundation like on the Advisory Board and would this affect the direction of the work?

The advisory board will comprise senior colleagues from other UK funding organisations, experts from the health and social care system and academia, along with senior colleagues at the Health Foundation. We hope to also involve political scientists and industry leaders to allow broader relevant questions to be asked and addressed.

The role of the Advisory Board is to guide and advise on the strategic direction of the programme. This is likely to involve input to help identify key stakeholders for the work and ensure the findings have UK-wide applicability. We would expect the provider to lead the shaping and delivery of the work, engaging with the different advisory structures at key decision points throughout the programme. We have an Advisory Board meeting planned for the end of September and you would be expected to attend the meeting to present your proposed programme of work and any progress to date.

Q9 What is meant by permission is required to contact stakeholders? Is this ethical approval?

Where permission is needed to contact stakeholders, is the responsibility of the supplier to obtain necessary permissions. It may involve ethical approval, but that will be dependent of the study design. The applicant should include details of any permissions they expect to need in their application and state any impact this may have on the overall timelines for the work.

Q10 In what format should the project plan be submitted?

The project plan should be submitted in the form of a Gantt Chart. Please ensure it is readable without the use of specialist project management software.

Q11 Within the detailed proposal section of the AIMS portal there is an opportunity to upload a single document. Could HF advise what document you would expect to see. Would this be the ToC?

It is up to the applicant which document they include. The Theory of Change is a key document for the programme and can be included in this section as an attachment if you wish.