

The Health Foundation: Adult Social Care Model Invitation to Tender – FAQ

Updated 23 March 2021

- **Q: Can an individual or organisation apply through more than one bid?**

A: No. We expect **one bid per individual or organisation**. This means that any individual or organisation interested in bidding for this project may only submit one bid, either as a sole bidder or as part of a consortium.

Clarification:

Bids must be developed in line with our **conflict of interest policy**.

A lead contractor must be named on the bid, who will oversee the contract, the programme management and the deliverables. That contractor may lead a consortium bid, of which there may be multiple agencies contributing skills, capacity or data.

An organisation or individual may be named on more than one bid if they will be acting as a specialist advisor, key stakeholder or data provider. An organisation or individual may provide factual information to multiple suppliers to help them develop their bids. An organisation or individual may provide costings for more than one bid (eg for supplying data or specialist advice).

Please contact us with any specific queries around this point.

- **Q: Can a bid set out what might be achievable through alternative segments or components that together add up to more than £300,000?**

A: As the ITT states, we anticipate bids of approximately £250,000 inclusive of VAT and expenses. We will consider bids that set out what might be achievable with different budget constraints (up to a maximum of £300,000).

If bidding teams feel that there are alternative segments or bid components, each of which can separately satisfy our requirements, we are happy to consider those alternatives. As an example, a bid might have an Option A budgeted at £250,000 and an alternative Option B budgeted at £300,000. Option A and Option B may have some overlaps or may be entirely distinct from each other. As long as the bid is clear regarding what is feasible under each option, we will be happy to consider both options and any trade-offs that may be involved.

- **Q: To what extent should the model be open access?**

A: As the ITT states, we expect any outputs, including code, developed as part of the modelling process, to be made available as open access. Apart from the raw data

inputted by the supplier into the model, which may be governed by data sharing agreements signed with the relevant data providers or custodians, we expect the model to be open access. We intend to make all the relevant code, assumptions, equations and outputs from the modelling publicly accessible following the handover of the model to the REAL Centre.

While we are flexible about the software used by the supplier to develop the model, the model would need to be transferred to R when the supplier transfers it to the REAL Centre. The aim is for the model to continue to develop iteratively in future years by the REAL Centre, so we will need to be able to update the model assumptions, structure or inputs.

- **Q: Will the appointed supplier be able to use the Health Foundation's office for project meetings and workshops?**

A: Yes, after the Health Foundation office (at 8 Salisbury Square, London EC4Y 8AP) has reopened and assuming it is safe to do so. We are currently working from home following the government's COVID-19 guidelines. If and when we return to working from the Health Foundation's office, and subject to social distancing guidance, we will be happy for the appointed supplier to use the office for project meetings and workshops.

- **Q: What types of organisations can bid?**

A: We welcome bids from any type of organisation, including universities, academic research institutes, private for-profit organisations and charities or not-for-profit organisations.

- **Q: What is the full range of groups that the model(s) are expected to address (eg older people, people with dementia, people with physical disabilities, people with a learning disability, people with mental health needs)?**

A: We expect the model to cover both younger adults (those aged 18-64) and older people (those aged 65 and over). We welcome proposals on what sub-groups can be analysed in a meaningful way. For example, this could follow the approach to separating data on adult social care activity and finance as per the [NHS Digital report](#) on social care activity and finance (people requiring physical support, sensory support, support with memory and cognition, learning disability support, and mental health support). It may be appropriate to focus on specific groups of people (eg older people with dementia) for specific analyses.

- **Q: Should the model(s) only consider those who pass specific eligibility criteria for social care, or are the models expected to cover other non-commissioned services such as grants to community development organisations that ultimately have an impact on commissioned social care needs?**

A: The model should cover those who require social care services including home care, residential care and nursing care. However, we would like to understand the demand for social care across the entire population (including self-funders and those funded by local authorities), rather than just those who are eligible for local authority funded care.

- **Q: Could you confirm what standard terms and conditions apply?**

A: The relevant terms and conditions are set out in the [sample contract](#).