Evaluation of the Strengthening Social Care Analytics programme

Invitation to tender

April 2021

Prepared by
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Deadline: 12:00 (midday), Monday 7 June 2021

Attached documents:
- Sample tender response form
- Sample contract
- Sample budget sheet
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1. Summary

1.1 This invitation to tender (ITT) is seeking an evaluator to undertake a qualitative process evaluation of the Health Foundation’s Strengthening Social Care Analytics programme from July 2021 through to May 2022.

1.2 The primary aim of the programme is to explore how the improved use of data analytics may support social care teams to address the key challenges faced by the sector. The programme is supporting five teams across the UK with funding of up to £60,000 per project for up to 12 months.

1.3 The main aim in commissioning this evaluation is to understand how the Health Foundation funding has supported project teams to improve the use of better data analytics within social care. It will explore what has enabled or inhibited successful implementation and effectiveness, through establishing:

- how analytical approaches were chosen and deployed
- how resources and expertise were employed to develop good social care analytics
- the benefits and unintended consequences of the programme
- the barriers and facilitators to successful implementation and effectiveness
- what resources and expertise are required for providers and commissioners of adult social care to realise the benefits of good social care analytics.

1.4 The primary audiences for this work are the Health Foundation and the project teams.

1.5 The evaluation partner will be selected in July 2021, to commence work in July 2021. The final evaluation report will be due in May 2022.

1.6 We anticipate bids up to a maximum of £50,000 (inclusive of VAT and expenses).

1.7 You should complete your tender using a tender response form on our online portal, AIMS (aims.health.org.uk). A PDF form is included as an example, but do not use this to submit your application – this can only be done online via AIMS. Complete this form by 12:00 (midday) on Monday 7 June 2021.

2. About the Health Foundation

2.1 The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

2.2 Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people’s lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.
2.3 We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

2.4 We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people’s skills and knowledge, we aim to make a difference and contribute to a healthier population.

2.5 Further details about the organisation can be found at www.health.org.uk.

3. **Background to the Strengthening Social Care Analytics programme**

3.1 The adult social care sector across the UK is facing systemic and significant workforce issues. It is underfunded and fragmented, and there are increasing numbers of people who are unable to access the social care they need.

3.2 The coronavirus (COVID-19) pandemic has focused national attention on the long-standing challenges faced by people who use, commission or deliver social care services. Unfortunately, efforts to respond to the crisis have been hampered by the lack of detailed, actionable and accessible data and analysis about adult social care across the UK.

3.3 The Health Foundation wanted to explore the key data challenges the sector was facing and to understand how improved data analytics may support social care teams to address them. We hosted workshops with people who use care services, carers, providers, care technology developers, local authorities, researchers and membership bodies for providers and for front-line staff. Participants came from England, Scotland, Wales and Northern Ireland, from domiciliary care and residential care, and included adults with a range of ages, needs and experiences.

3.4 The workshops identified three key priorities:

- Improving the quality of social care for cohorts of people that experience the worst outcomes.
- Building a safe, resilient workforce.
- Understanding the lived experience of people needing social care.

3.5 The Health Foundation therefore developed the Strengthening Social Care Analytics programme to fund exemplar projects within organisations that provide or commission adult social care that demonstrate how data analytics can be used to improve social care.

3.6 Each exemplar project will receive funding to use data analytics in novel and innovative ways, which could include developing new tools, applying novel analyses, building new datasets and testing new methods of co-production with people and the public. These novel and innovative approaches will be developed...
to address the challenges described above, and as part of each project’s final review they will be expected to describe how the analyses have supported delivering better care. The funding programme aims to stimulate improvements in care at a local level, but also aims to generate lessons regarding the barriers and facilitators of strengthening social care analytics. This latter point is the learning that we hope the evaluation will capture.

3.7 This evaluation will feed into the wider work on Strengthening Social Care Analytics led by the data analytics directorate at the Health Foundation. Learning from this evaluation will inform our understanding of what ‘good social care data analytics’ looks like, and the skills, resources and expertise required for providers and commissioners to improve their use of data analytics in social care.

4. The Strengthening Social Care Analytics programme

4.1 The programme is supporting five teams across the UK with funding of up to £60,000 per project for up to 12 months. As the scope of the programme looks broadly at the challenges facing social care data analytics, the portfolio represents a diverse range of projects. However, each of the projects will be seeking to demonstrate what good social care analytics look like, with a focus on:

- good public sector and service user engagement
- the adoption of open analytics practice
- strong analytics teams
- a digital and data infrastructure that allows researchers, analysts and developers to access the data they need.

4.2 As described, each project will address a specific challenge facing the sector:

- Improving the quality of social care for cohorts of people that experience the worst outcomes.
- Building a safe, resilient workforce.
- Understanding the lived experience of people needing social care.

4.3 They will be sharing their learning with other social care analytics teams, including through a new community of practice the Health Foundation has funded Future Care Capital to develop. The community will focus on addressing the challenges the social care sector is facing and strengthening social care data analytics.

4.4 The projects within the programme will involve people that need and use social care services, including self-funders, their carers and advocates, and demonstrate a high degree of transparency, publishing their code as well as their findings so that these can be used across the system.

4.5 The Health Foundation will use the learning from this evaluation to inform ongoing discussions with key stakeholders including national policymakers and membership organisations who represent social care commissioners, providers and people who need social care, in order that they can learn about how data
can be used to improve care and support good practice in social care analytics going forward.

4.6 Each of the five project teams, as part of their individual mid-point and final report (in July 2021 and April 2022 respectively), will be asked to reflect on three subjects relevant to this evaluation:

- **Evidence of better care**: project teams will be required to describe how the analysis has been used and what impact it has had or might have on care.
- **Skills**: each project team will be asked to describe how skills were developed within each partner organisation to deliver the project, and reflect on priorities for learning and skills development going forward.
- **Culture and collaboration**: projects will be asked to reflect on the process through which they collaborated with stakeholders, including how they engaged with and involved people who need and use social care services, including self-funders and their carers and advocates.

The reports provide an individual, self-reported account of progress and learning. The evaluator will be able to see these reports and use them to help inform their answers to the evaluation questions.

4.7 The programme is supporting five projects that are led by organisations that have a direct role in the provision or commissioning of adult social care services, but they may be partnering with other organisations within the health and care sector. The projects will run from March 2021 to April 2022.

<table>
<thead>
<tr>
<th>Lead Organisation</th>
<th>Title</th>
<th>Aim</th>
<th>Challenge addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Mencap Society, London</td>
<td>Analysing quality of life for people with a learning disability using the Personal Outcome Scale</td>
<td>To test the Personal Outcome Scale (POS: a qualitative tool for measuring quality of life) to create analytics that place people with a learning disability at the centre of practice across the social care sector.</td>
<td>Reflecting lived experience</td>
</tr>
<tr>
<td>Brent Council, London</td>
<td>Sharing adult social care workforce data across London to support operational and strategic commissioning decision making</td>
<td>To increase the amount and quality of provider and workforce data available to key decision makers (particularly commissioners of care services) across London.</td>
<td>Building a safe, resilient workforce</td>
</tr>
</tbody>
</table>
### Evaluation of the Strengthening Social Care Analytics programme

#### 5. Details of the work

**Rationale for the evaluation**

5.1 The main aim in commissioning this evaluation is to understand how the Health Foundation funding has supported project teams to improve the use of better data analytics within social care. The lessons from this evaluation will inform ongoing discussions with key stakeholders including national policymakers and membership organisations who represent social care commissioners, providers and people who need social care, in order that they can learn about how data can be used to improve care and support good practice in social care analytics going forward.

5.2 It will explore what has enabled or inhibited successful implementation and effectiveness, through establishing:

- how analytical approaches were chosen and deployed
- how resources and expertise were employed to develop good social care analytics
- the benefits and unintended consequences of the programme
- the barriers and facilitators to successful implementation and effectiveness

<table>
<thead>
<tr>
<th>Manor Community, Bristol</th>
<th>Developing data analytics to improve how social care is monitored and understood for those with the worst outcomes</th>
<th>To create a thorough piece of analytics research using a shareable, anonymised data set which will act as a clear pilot for a learning package we will also design for the wider care sector.</th>
<th>Reflecting lived experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal Care Co-op, Halifax</td>
<td>Open tendering and open performance: making care and support accountable to those who give and those who receive care and support</td>
<td>To test and demonstrate the impact that transparent and open tendering has on the quality of a social care service for people getting support, family members and front-line workers.</td>
<td>All challenges</td>
</tr>
<tr>
<td>Torbay Council, Devon</td>
<td>‘Careforce’ neighbourhood mapping – releasing time to care</td>
<td>To address issues facing capacity in domiciliary care by developing a model that supports the delivery of more effective and efficient working arrangements that are focused on the needs of local people.</td>
<td>Building a safe, resilient workforce</td>
</tr>
</tbody>
</table>
• what resources and expertise are required for providers and commissioners of adult social care to realise the benefits of good social care analytics.

Aims, scope and requirements for the evaluation

5.3 The aim of this evaluation is to understand if, and how, the Health Foundation funding has supported project teams to improve the use of better data analytics within social care. The lessons developed through the evaluation questions will enable us to draw generalisable conclusions from these projects. This will inform our approach to further work in the sector, including our engagement with the national conversation regarding social care.

5.4 The evaluation should answer the following questions:

1. What analytical approaches have been used across funded projects?
   • Why were these specific approaches selected?
   • What skills were required or developed in the commissioner or provider organisation to conduct the analysis?
   • How difficult was it to develop or recruit the expertise and skill required?
   • How did availability, access and quality of data influence the analytical approach selected?
   • What information governance processes were required and how did they influence the approach?

2. What lessons can we draw from the programme about what good social care analytics looks like, both within and between organisations in the health and care system?
   • Have the perspectives of those who use services influenced the way the data was collected and used?
   • Have teams shared more information/data within and beyond their organisations during the projects? Has there been any connected analysis between social care and other local authority functions?
   • What are the lessons for the wider system and decision-makers about how to influence change in the social care sector with data (eg NHSX, Department of Health and Social Care (DHSC), Care Quality Commission (CQC), commissioners and NHS Digital)?

3. What, if any, are the benefits and unintended consequences in attempting to improve data analytics in social care?
   • Has the programme contributed to a cultural shift regarding sharing information, open analytics and the way data is collected and used?
   • Were beneficial connections established between projects?

4. What are the facilitators, barriers and other contextual factors in implementing the projects? For example, did the commercial interests of providers/commissioners constitute a barrier?
• What have project teams learned about how best to overcome these barriers to implementation?

5.5 To answer the questions outlined above, we are seeking an evaluator who can support us with the design and delivery of a qualitative process evaluation. The provider will be responsible for designing, managing and conducting the evaluation; analysing the findings; producing a coherent interim report; and producing a final report and presentation that synthesises the key findings into a core set of lessons.

5.6 We expect the evaluator mainly to provide findings at pre-determined times using the standard governance mechanisms (an interim and final report, as well as the presentation described above) and to provide timely feedback if they have insights that could improve the chances of success of a project. Broader findings about the potential to use data to improve care, as well as the barriers and the steps that national organisations can take to help social care commissioners and providers to overcome these, should be shared throughout the duration of the programme: for example, during regular reviews with projects described in the timetable under 12.1, and regular reviews with the programme team described in 10.2.

5.7 The Health Foundation will work with the successful provider to refine the evaluation questions and approach before they submit a final evaluation protocol. We will also work with the provider to agree on interim and final report structures and expect the provider to set the findings in the context of the wider strategic narrative.

5.8 The projects within the programme will have a formal mid-point review meeting in September 2021, a formal final review meeting in April 2022, and interim check-ins on progress in July 2021 and December 2021. These will be chaired by the Health Foundation programme team and will provide an opportunity for the evaluator to observe the award holders sharing updates at different phases of the projects. The successful provider will be expected to attend these meetings and should ensure that they form part of their planning and budgeting. We will make available to the evaluator the reports associated with the mid-point and final reviews.

5.9 We will supply the chosen provider with the contact details of project teams involved in the programme, but the provider will be responsible for establishing contact with project teams and arranging additional interviews, unless otherwise stated.

6. Audiences

6.1 In commissioning any piece of research or evaluation, we ensure that an outline communications plan accompanies the evaluation plan from the start, and that this is fully developed through to completion.
6.2 The primary audiences for this work are the Health Foundation and the project teams.

6.3 This work will inform ongoing conversations about the use of data analytics in adult social care with stakeholders including:

- community of practice
- NHSX
- CQC
- DHSC
- Care England
- Social Care Wales
- Northern Ireland Social Care Council
- Skills for Care
- Scottish Social Services Council
- Association of Directors of Adult Social Services
- Office of Life Sciences
- other funders and think tanks
- NHS England
- NHS Wales
- Digital Health and Care Wales
- Health and Social Care Board
- people that need and use social care, their advocates and carers
- care technology providers
- future applicants.

6.4 We will work closely with the provider to develop key messages and to draw out the implications of the findings.

7. Intellectual property

7.1 In commissioning this evaluation, the Health Foundation will own the intellectual property generated (please see the intellectual property clause in Schedule 6 of the sample commissioning contract).

8. Working with us

8.1 Where at all possible, the Health Foundation takes a partnership approach to its work. We will want to meet or speak with the provider regularly but will agree the nature of the updates with the provider at the inception meeting. The work will be managed by the Research Manager, with strategic and content input provided by the Programme Manager. The programme evaluator will report directly to the Programme Management Group. We anticipate holding three Programme Management Group meetings: an inception meeting in July 2021 to refine the evaluation protocol, a mid-point meeting in December 2021 to review interim findings and a meeting in May 2022 to discuss the overall evaluation findings, The Research Manager will also have phone calls with the evaluator at least every two months to check on progress.
9. Working with the project teams

9.1 Each of the project teams are aware of the evaluation and have agreed to comply with all reasonable requirements of any external evaluator. The evaluator should consider how to avoid over-burdening teams and duplicating work. This includes utilising the three outputs that project teams will be delivering as part of their mid-point and final reports: evidence of improved care, their reflections on skills and their reflections on culture and collaboration.

10. Deliverables

10.1 The following deliverables should be provided:

- evaluation protocol (August 2021)
- interim report (December 2021)
- first complete draft of final report (April 2022)
- presentation to Programme Management Group (May 2022)
- final draft of report (May 2022).

10.2 In addition, attendance is expected at the interim check-in on progress of project meetings (July 2021 and December 2021), formal mid-point project review meetings (September 2021), the final project review (April 2022) and the three Programme Management Group meetings during the programme (July 2021, December 2021 and May 2022).

11. Costs

11.1 Responses to this invitation should include accurate pricing, inclusive of expenses and VAT. Please note that assessment of responses to this tender invitation will be on perceived quality of service and demonstrable ability to meet the brief, rather than lowest cost, but value for money is a selection criterion.

11.2 Based on previous similar work commissioned by the Health Foundation, we anticipate bids of up to £50,000 (inclusive of VAT and expenses).

11.3 We will commission this evaluation by issuing a contract for services and, as such, we expect VAT is likely to be payable on all aspects of the work.

11.4 Please consult your contracting team and/or finance team to ensure that VAT has been included appropriately before submitting your proposal and budget.

12. Timetables

Programme timetable

12.1 The timetable below sets out our anticipated timelines for the overall programme:

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awards granted: successful projects sign their award agreements</td>
<td>February 2021</td>
</tr>
<tr>
<td>Event Description</td>
<td>Date</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Successful awards start their 1-year projects</td>
<td>March – April 2021</td>
</tr>
<tr>
<td>Interim review with projects: a 1-hour discussion for the evaluator to listen to the project teams reflect on progress</td>
<td>July 2021</td>
</tr>
<tr>
<td>Programme evaluation planning: programme evaluator to finalise the evaluation protocol</td>
<td>August 2021</td>
</tr>
<tr>
<td>Formal mid-point review of projects: a 1-hour discussion for the evaluator to listen to the project teams reflect on progress. Ahead of the call, projects will submit a mid-point report describing progress against milestones and reflections on the themes listed in 4.6, which will be made available to the evaluator.</td>
<td>September 2021</td>
</tr>
<tr>
<td>Interim evaluation report: evaluator to report on findings from the first half of the programme</td>
<td>December 2021</td>
</tr>
<tr>
<td>Interim review with projects: a 1-hour discussion for the evaluator to listen to the project teams reflect on progress</td>
<td>December 2021</td>
</tr>
<tr>
<td>Project end date</td>
<td>March 2022</td>
</tr>
<tr>
<td>Formal final review: a 1-hour discussion for the evaluator to listen to the project teams reflect on progress. Ahead of the call, projects will submit a final report describing progress against milestones and reflections on the themes listed in 4.6, which will be made available to the evaluator.</td>
<td>April 2022</td>
</tr>
<tr>
<td>Event to celebrate success and share findings</td>
<td>April 2022</td>
</tr>
<tr>
<td>Final evaluation report: evaluator to submit its final report.</td>
<td>May 2022</td>
</tr>
<tr>
<td>Payment to evaluator will be released after quality assurance has been performed on the evaluator’s final report</td>
<td>June 2022</td>
</tr>
</tbody>
</table>

**ITT timetable**

12.2 The timetable below sets out our anticipated timelines for this ITT:
<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release of ITT</td>
<td>10 May 2021</td>
</tr>
<tr>
<td>Deadline for submissions</td>
<td>12.00 (midday), 7 June 2021</td>
</tr>
<tr>
<td>Internal review of submitted bids</td>
<td>8 – 23 June 2021</td>
</tr>
<tr>
<td>Interviews</td>
<td>30 June 2021</td>
</tr>
<tr>
<td>Final decision will be communicated by</td>
<td>2 July 2021</td>
</tr>
<tr>
<td>Evaluation inception meeting</td>
<td>8 July 2021</td>
</tr>
</tbody>
</table>

13. Tender response requirements

13.1 Providers are requested to present their response by completing a tender response form on AIMS. A PDF form is included as an example – do not use this to submit your application, this must be done online.

13.2 Detailed provider information must include:

- organisation name, address, registered address (if different) and website address
- description of the organisation’s activities or services
- history and ownership
- organisational governance and management structure
- most recent company accounts.

13.3 The tender response must include:

- summary of your proposed approach
- summary of the experience of the key personnel who will be involved in the project
- costs, including a summary of the day rates and required days of those employed on the project, inclusive of VAT and expenses
- risk management
- any other relevant information the Health Foundation should take into account
- primary contact name and contact details
- details of the team carrying out the work – names, roles and expertise relevant to the tender
- client references, including a list of comparable organisations to which you have supplied a similar service and a brief project description for each
- a statement of your willingness to reach a contractual agreement that is fair and reasonable to both parties.

14. Instructions for tender responses

14.1 The deadline to submit a tender response is **12:00 (midday) on Monday 7 June 2021**. We will not accept proposals submitted after this time.
14.2 Please submit your completed tender using a tender response form on our online portal, AIMS (aims.health.org.uk).

14.3 The Health Foundation reserves the right to adjust or change the selection criteria at its discretion. The Foundation also reserves the right to accept or reject any and all responses at its discretion, and to negotiate the terms of any subsequent agreement.

14.4 This work specification/ITT is not an offer to enter into an agreement with the Foundation, it is a request to receive proposals from third parties interested in providing the deliverables outlined. Such proposals will be considered and treated by the Foundation as offers to enter into an agreement. The Foundation may reject all proposals, in whole or in part, and/or enter into negotiations with any other party to provide such services whether it responds to this ITT or not.

14.5 The Foundation will not be responsible for any costs incurred by you in responding to this ITT and will not be under any obligation to you with regard to the subject matter of this ITT.

14.6 The Foundation is not obliged to disclose anything about the successful bidders, but will endeavour to provide feedback, if possible, to unsuccessful bidders.

14.7 Your bid is to remain open for a minimum of 180 days from the proposal response date.

14.8 You may, without prejudice to yourself, modify your proposal by written request, provided the request is received by the Foundation prior to the proposal response date. Following withdrawal of your proposal, you may submit a new proposal, provided delivery is effected prior to the established proposal response date.

14.9 Please note that any proposals received which fail to meet the specified criteria contained in this ITT will not be considered for this project.

15. Selection criteria

15.1 The following selection criteria will be used to assess tenders:

- skills and expertise in programme evaluations
- knowledge and expertise of the social care system
- appropriateness of proposed methods
- demonstrable capacity to deliver the evaluations on time, on budget and to the required standard, with proven ability to flex resource capabilities and adapt to changing environments where required
- ability to work collaboratively with a range of stakeholders
- appropriate project management, risk management and quality assurance expertise
• value for money.

16. Selection process

16.1 Please complete the online tender response form on AIMS by **12.00 (midday) on Monday 7 June 2021**.

16.2 Please read the AIMS user guide before starting to complete the form. This is available on our website and via the online form on AIMS.

16.3 **AIMS quick start**

16.3.1 Once you have registered with AIMS and have activated your profile via the verification email, you can start a tender response. If you are applying on behalf of a team or organisation, register with the organisation via the ‘Contacts’ tab before doing so. Then click on ‘Create Application’ and select to apply on behalf of the organisation you have just registered with.

16.4 **Open tender instructions**

16.4.1 Select the ‘Contract’ programme, as shown below.

16.4.2 On the next screen, click to expand the ‘Programme Call’ drop-down menu and select the ‘Evaluation of the Strengthening Social Care Analytics programme’.
16.5 A response to your application will be made week commencing 21 June 2021.

16.6 We intend to interview a selection of shortlisted bidders on 30 June 2021 to explore proposals in more depth. Please ensure you are available for a virtual interview on this date.

16.7 The final decision will be communicated by 2 July 2021.

16.8 The evaluation will start as soon as feasibly possible after selection and the successful bidder will attend the interim check-in on progress of projects in July 2021.

17. Confidentiality

17.1 By reading/responding to this document, you accept that your organisation and staff will treat the information in this document as confidential and will not disclose it to any third party without prior written permission being obtained from the Health Foundation.

17.2 Providers may be requested to complete a non-disclosure agreement.

18. Conflicts of interest

18.1 The Health Foundation’s conflicts of interest policy describes how it will deal with any conflicts which arise as a result of the work which the charity undertakes. All external applicants intending to submit tenders to the Foundation should familiarise themselves with the contents of the conflicts of interest policy as part of the tendering process and declare any interests that are relevant to the nature of the work they are bidding for. The policy can be found and downloaded from the Health Foundation website at the following location: www.health.org.uk/sites/default/files/2020-05/health-foundation_conflicts-of-interest-policy-and-procedure_updated-april-2020.pdf.