

ITT Scoping Partner: Technology enabling new models of care in the home or community

Questions from potential applicants during an information call

29 March 2022

The application process

Q: Are you open to partnership bids or does it need to be a single organisation.

A: We are open to organisations working with partners to bring in additional expertise, but there needs to be a lead applicant who will a) receive the funding (we will not be funding multiple organisations) b) be our main point of contact and c) be accountable and responsible for the work of any partners if successful.

Q: Is there any word count guidance when completing the tender response form?

A: As of 4 April 2022, we have updated the tender response form to include word count guidelines.

Q: Are there any stances on conflicts from the HF? Would suppliers who provide tech to improve care be excluded due to a potential conflict of interest?

A: Please refer to our [conflicts of interest policy](#).

Q: Will interviews be in person?

A: Interviews will be held virtually. The Health Foundation are operating with hybrid working, and we would expect most/all our work with the scoping partner to be virtual.

Q: How many do you envisage shortlisting?

A: We expect to shortlist between four to six teams to interview.

Q: Is it possible to have an outline sense of what would be assessed at the interview stage, and the format?

A: The interview will be approximately an hour long and will include approximately 5/6 colleagues and collaborators. Although to be confirmed, we envisage that you'll be invited to give a short presentation and discussion on your approach and plan, to bring your application to life, followed by Q&A. We will then follow-up with some questions based on your application.

Q: Is there a day rate framework including maximum rates?

A: The Health Foundation standard maximum day rate for a contractor is £1000 per day.

Programme design

Q: What has informed the scale of the funding programme ie is this based on an assumption of a certain number of projects to be funded and a typical funding quantum per project?

A: The £2m funding is on a par with our other funded programmes and is the money we have available to have an impact on this topic. It's not based on programme design (eg number of projects) as that has yet to be determined. We would like to shape our funding offer to best suit the opportunity area we're looking to work in.

Q: What time period does the £2m funding cover ie one year or more

A: This is to be decided as part of the programme design phase. Some of our existing funding programmes are multi-year.

Q: Have you done a scoping project like this before? If so, what worked well?

A: We have gone through scoping processes for other large programmes that we have funded, and so we have learned what can work well and what could work better. Stakeholder engagement is really important, and we imagine this will feature in this scoping phase. The patient and public perspective element is also important, and we have mechanisms at the Health Foundation that we could use. Setting decision-making points and allowing time to reflect on what has been done so far and what's next is also helpful to keeping things moving.

Programme scope

Q: Is there are particular area ie locality/region which the Health Foundation wishes to focus?

A: The Health Foundation has a UK-wide remit. Focusing on potential regions or localities is something that we expect to be explored in the scoping phase.

Q: When you refer to 'technology' do you have a default view of what that encompasses for Health Foundation? Is there anything out of scope or more/less interesting organisationally eg tech for particular groups or use cases?

A: This will be informed by the scoping. We don't have a specific image in mind when thinking about 'technology'. We think it could be technology that benefits the person receiving the care, or delivering it. We want to start with what quality care looks like at home or in the community, and ask what/how technology can enable this.

Q: Are there any other strategies/policies which should drive our response?

A: As well as those mentioned in the ITT, we would welcome others that you are aware of. We would like our scoping partner to add to our knowledge of this area.

Q: Are you solely looking at the health angle or a combination of health and social care

A: At this point we are looking at both health and social care and have used the term 'health' quite loosely in the ITT. This is something we would want to explore as part of the scoping phase.

Q: Is there a particular theme or set of themes which the Health Foundation wishes to address ie health inequalities, healthcare prevention, health and social care integration. Is there existing thinking on the target breadth of prioritised area(s) eg a narrow enough area to meaningfully shift the dial, or to seed innovation in a range of areas to test potential impact across diverse areas?

A: This is something that we expect to explore with the scoping partner. The themes suggested look relevant to the topic and we imagine there will also be overlaps.

Breadth of the prioritised area(s) will depend on where we would have the most impact for the amount of funding we have and the problem we are trying to solve.

Q: Is there a particular set of outcomes the Health Foundation wishes to achieve or is this part of the scoping programme?

A: This will be part of the scoping once we've narrowed down on the opportunity space that we'll be focusing on.

Scoping partner role

Q: Would like to understanding more what is meant by 'scoping partner'. For example, your vision for what your end funding programme could look like and how we'd partner with you on this.

A: In terms of what our vision is for the end funding programme, this is what we'd be exploring with the scoping partner. What it looks like is to be decided, although it needs to align with the Health Foundation's work and our £2m budget for the programme. In terms of how we'd work with a partner, we want someone / an organisation who can lead the exploration of the topic, through research and working closely with the Health Foundation team, synthesise the themes and work with us to open new avenues to explore and consider where £2m could make the most difference. We're looking for a partner that's comfortable collaborating closely with the team, working through an exploratory phase of work and inclusive of different voices and perspectives.

Q: Is the preference to get to stakeholders for research through your Health Foundation network, or our own health and social care networks?

A: A blend of the two. We have identified some stakeholders but will also look to do this alongside the scoping partner. We would also like to draw on networks that the scoping partner has in the health/social care/technology fields.

Q: Are you looking for a partner that is able to bring cross sector experience as well as Health knowledge?

A: Health knowledge is essential, but bringing in other relevant cross-sectional knowledge would be helpful too.

Q: Is it right to assume that regarding assessment criteria, useful knowledge from sectors outside of health and social care would be valued? How about the balance between research/health and care/tech expertise?

A: A broad understanding of the health, social care sector and technology is important, but we are open to experiences that you draw from other sectors. For example, other projects that have involved a scoping process that brings in ideas and research and applies these to development of an intervention.

We acknowledge that we at the Health Foundation could help plug some gaps where needed. What is important is expertise in running this sort of scoping process; being able to grasp ideas and themes and help us make decisions on which avenues to go down, and engaging stakeholders. This is what sets this ITT differently to, for example, a pure research partner. Interest and enthusiasm, being able to see the potential of opportunities in this space, is also desirable.

Q: As a partner supporting the development of the programme, would this prevent us acting as a delivery partner in the next phase?

A: We do not yet know whether we will have a delivery partner, but being a scoping partner would not prevent you acting as a delivery partner.

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