

# Invitation to Tender

*Scoping partner to inform a future funding programme on technology enabling new models of care in the home or community*

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**Deadline: 17.00 on Wednesday 20 April 2022**

**Attached documents:**

- [Sample contract](#)
- [Tender response form](#)

## Summary

The Health Foundation is seeking a supplier to collaborate closely with us, acting as a 'scoping partner' as we develop a new £2m funding programme to support the use of technology to enable new models of care, particularly those that support care at home or in the community.

The supplier will work with us on the first phase of work between May and August 2022 to explore the topic and decide which opportunity area the programme will focus on. By the end of this phase, we want to:

- understand the topic and the key problems/opportunities where this programme could have greatest impact
- have prioritised these problems/opportunities so that the Health Foundation programme team are well placed to move into the next phase to design the programme.

We would like the scoping partner to help us develop a good understanding of how technology can enable new models of care at home or in the community, through methods such as desk-based research, facilitating workshops and stakeholder interviews. We expect the supplier to triangulate and synthesise these insights with us by August 2022, and to provide a summary of key findings, decisions taken, prioritised problem areas and recommendations for next steps.

We are commissioning this work through an open tendering process. We will appoint the successful team in May 2022; ideally they will be able to start soon afterwards.

We anticipate bids for the full piece of work up to a **maximum** of £100,000 (inclusive of VAT and expenses).

Applicants must complete the attached tender response form and send their proposals to [ImprovementProgrammes@health.org.uk](mailto:ImprovementProgrammes@health.org.uk).

**The deadline to submit proposals is 17:00 on Wednesday 20 April 2022.**

### 1.0 About the Health Foundation

- 1.1 The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.
- 1.2 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.
- 1.3 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.

- 1.4 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.

## 2.0 Background to the project

- 2.1 The Improvement Directorate within the Health Foundation works with frontline teams, patient communities and health care systems to identify, support and fast-track promising ideas to improve health care, bridging the gap between policy and practice to help create the right conditions for change in the NHS.
- 2.2 We are developing a new £2m funding programme to support the use of technology to enable new models of care, particularly those that support care at home or in the community.
- 2.3 This builds on our current work on the adoption of innovation and technology in the NHS, which includes:
- 2.3.1 a £2.4m programme to support NHS providers and local health systems to become effective adopters of innovation
  - 2.3.2 research on technology-enabled new models of care, the role of artificial intelligence in health care, securing a positive health and care technology legacy from COVID-19 and whether technology can help or hinder person-centred care
  - 2.3.3 Q Exchange 2022 – a collaborative funding programme from the Q community – which focuses on bringing together the worlds and methods of improvement and digital, to enable better outcomes and faster, more sustainable change
  - 2.3.4 Q Lab's work in partnership with NHS England and NHS Improvement focusing on building staff and patient confidence in technology-enabled remote monitoring.
- 2.4 We recognise this problem space extends beyond the NHS into the social care space and beyond, and are not limiting this programme to health care, but rather keeping an open framing until we prioritise opportunity areas.
- 2.5 We are interested in this topic for a new funding programme for a number of reasons:
- 2.5.1 Traditional divides between services, such as between hospital, primary care and community services, are a barrier to personalised and coordinated health and care provision.<sup>1</sup> It is hoped that developing and implementing new models of care that integrate services will make sure that people receive the right care, in the right place, at the right time.<sup>2</sup>
  - 2.5.2 COVID-19 has turbo-charged the use of technology across health and care. This has demonstrated an opportunity to transform how health and care is delivered to benefit patients, professionals and the health and care system (although some aspects of implementation, such as evaluation and co-design, will need revisiting<sup>3</sup>).

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<sup>1</sup> NHS England and Improvement. [NHS Long Term Plan](#). 2019.

<sup>2</sup> Department of Health and Social Care. [Joining up care for people, places and populations](#). 2022.

<sup>3</sup> Health Foundation. [Securing a positive health care technology legacy from COVID-19](#). 2021.

- 2.5.3 The Department of Health and Social Care has highlighted the importance of using digital tools and technology to support independent living and improve the quality of care.<sup>4</sup> And the Government has recognised the need to level-up access to technology in the UK.<sup>5</sup> Technology is also central to the elective care recovery plan.<sup>6</sup>
- 2.5.4 This work is also partly inspired by thought leaders such as Hilary Cottam, who is exploring how care can be ‘reimagined’ and a new vision set in place for how we think about care in the future.<sup>7</sup>
- 2.5.5 Bringing these key themes together, we believe there is an exciting opportunity to benefit patients, professionals and the system, with technology as an enabler for change (rather than the end goal) and putting people and communities at the heart of it.

### 3.0 Details of the work

- 3.1 In this invitation to tender (ITT) the Health Foundation is seeking a supplier to act as a scoping partner with us to develop a new funding programme. The new programme will launch in 2023.
- 3.2 We are currently following the Double Diamond approach of design thinking and are seeking a partner to work with us on the first diamond – the ‘discover and define’ phase’.<sup>8</sup> The purpose of this phase, as the first diamond, is to explore the topic and decide on the opportunity area that the programme will focus on.
- 3.3 Although the general problem space is technology enabling new models of care in the home and community, we know this is still incredibly broad, and that specific area(s) within this topic – based on where there is greatest opportunity for impact – need to be scoped and defined.
- 3.4 The second diamond – ‘develop and deliver’ – will focus on the programme design and is not in scope for this ITT. However, depending on the learnings of this first phase and the capacity of the partner, we may want to explore the opportunity of extending the contract to collaborate on the next phase.
- 3.5 The scoping partner will work with us to design and deliver the ‘discover and define’ phase, so that we:
- 3.5.1 understand the topic and the key problems/opportunities where this programme could have greatest impact
  - 3.5.2 have prioritised these problems/opportunities so that the Health Foundation programme team are well placed to design the programme.

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<sup>4</sup> Department of Health and Social Care. [People at the Heart of Care: adult social care reform white paper](#). 2021.

<sup>5</sup> HM Government. [Levelling Up the United Kingdom](#). 2022.

<sup>6</sup> NHS England and NHS Improvement. [Delivery plan for tackling the COVID-19 backlog of elective care](#). 2022.

<sup>7</sup> REAL Centre. [A radical new vision for social care: REAL Challenge annual lecture](#). 2021.

<sup>8</sup> <https://www.designcouncil.org.uk/news-opinion/what-framework-innovation-design-councils-evolved-double-diamond>

## 4.0 The role of the scoping partner

### 4.1 The scoping partner will:

- 4.1.1 collaborate closely with the Health Foundation team for the duration of this work (between 16 May and 31 August 2022) and be comfortable with collaborating virtually, using tools such as Miro
- 4.1.2 develop a good understanding of how technology can enable new models of care, through methods such as a literature review and desk-based research, facilitating workshops and stakeholder interviews, to inform focus areas of the programme
- 4.1.3 work with us to prioritise the research questions and develop a research plan for answering them. This may include – but is not limited to – researching questions such as:
  - Where and how are people experiencing the greatest challenges in receiving or delivering quality care at home or in the community?
  - What are the challenges hampering technology being developed or used that could support care in the home or community?
  - Where do these challenges occur in the innovation lifecycle (eg ideation, testing, regulation, adoption, spread, funding)?
  - What examples are there of technology that enables, or could enable, people to live healthy lives at home or in their community?
  - How are different sectors and markets (eg housing, social care) involved in supporting people to live at home or in the community?
  - What examples are there of technology enabling care to be provided in a relational way?
  - How do the markets for technology help or hinder uptake for care at home or in the community?
  - How do carers/staff/professionals or those receiving care feel about technology?
- 4.1.4 draw on and synthesise learning and insight from and alongside the Health Foundation team, including our learning from previous work in this space, and insights from key internal stakeholders and their ambitions for the programme
- 4.1.5 ensure that members of the public and people with lived experience are involved in research to collectively prioritise and identify opportunity areas for the new programme; this may include running a small number of co-design workshops
- 4.1.6 actively and regularly contribute to the Health Foundation’s decision-making processes to move forward towards prioritised problems/opportunities for the programme; this may include presenting at and contributing to programme governance meetings
- 4.1.7 through using design-led approaches and bringing their experience and expertise of working collaboratively and drawing on agile methods, build the skills and capacity of the programme team.

## 5.0 Working together

### 5.1 The scoping partner's responsibilities:

- 5.1.1 We expect to have regular meetings, including collaborative working sessions, as well as to work asynchronously on agreed tasks with the scoping partner. Our rhythms of working will be agreed at the inception meeting and will most likely be virtually via Microsoft Teams/Zoom.
- 5.1.2 We expect the partner to ensure that the workplan is delivered and steward an iterative approach. This includes updating the workplan and resource plan accordingly.
- 5.1.3 The scoping partner will actively and regularly contribute to decision-making processes to move the work forwards.
- 5.1.4 They will document and communicate the learning, insights and assumptions as we go, so that both the partner and the Health Foundation team have a record of the journey taken and decisions made.
- 5.1.5 The partner will ensure proposals make reasonable allowances for the time required to fulfil these obligations, and will flag early to the Health Foundation team if too much resource is being used/resource is not aligned to the agreed workplan, which might risk us not achieving our desired outcome on time and on budget.
- 5.1.6 We expect the partner to share reflections, rationale and insights on methods used, to build the capability of the Health Foundation programme team.

### 5.2 The Health Foundation's role and responsibilities:

- 5.2.1 We will work with the chosen supplier to confirm the approach to the work before it begins.
- 5.2.2 A core delivery team will oversee the work: comprised of the Assistant Director for Improvement Programmes, a Programme Manager and a Programme Officer. The work is owned by the Design and Delivery Unit (DDU) which sits within the Improvement Directorate. The DDU team designs and delivers the Health Foundation's Improvement programmes. Wider members of the DDU team, plus colleagues from other relevant teams (such as Research, and the Insights and Analysis team) are also collaborators on this programme.
- 5.2.3 At the inception meeting, we will provide the supplier with an overview of work in this area which has already been undertaken by the Health Foundation, including projects we have previously funded, key learning from relevant reports and insights from key stakeholders.
- 5.2.4 We will attend stakeholder meetings, co-working sessions, and inform workshops when relevant.
- 5.2.5 We will work alongside the supplier to iteratively develop a list of prioritised problem areas and recommendations for next steps.
- 5.2.6 We will work with the supplier to ensure the final output (for example, a briefing or presentation) is appropriate.

## 6.0 Deliverables

6.1 These will need to be formally agreed on with the partner, but we envisage that the deliverables will include the following elements.

Activity	Deliverables
<p>Agree, create and implement a research plan and workplan with the Health Foundation team.</p> <ul style="list-style-type: none"> <li>○ Kick-off workshop in May.</li> <li>○ Establish ways of working and roles and responsibilities.</li> <li>○ Agree processes for sharing and feeding back learning and insights.</li> </ul> <p>Manage delivery and resource against the agreed workplan.</p>	<ul style="list-style-type: none"> <li>○ Workplan and approach, and research plan with prioritised research questions, has been agreed with Health Foundation programme core delivery team.</li> </ul>
<p>Undertake research activities to explore the topic, and share emerging insights with the Health Foundation team to collectively agree areas for further exploration. This will include stakeholder interviews, synthesis, prioritisation and desk-based research.</p> <p>This may include running a small number of co-design workshops to inform the scoping process, including with members of the public, health and care staff and other key stakeholders.</p> <p>As we progress through the work, update the research plan with the prioritised research questions and proposed approach for answering them.</p>	<ul style="list-style-type: none"> <li>○ Summarised insights that are regularly shared with the team.</li> </ul>
<p>Collate, synthesise and triangulate research findings, learning and insights to support us in preparing a paper for the Health Foundation leadership team that summarises the findings and recommends next steps.</p>	<ul style="list-style-type: none"> <li>○ Literature review.</li> <li>○ Summarised insights that are synthesised from stakeholder interviews and desk-based research.</li> <li>○ Ecosystem and/or stakeholder mapping.</li> <li>○ Brief report or briefing that summarises key findings, decisions taken, prioritised problems/opportunities and recommendations for next steps.</li> </ul>

## **7.0 Costs**

- 7.1 Responses to this invitation should include accurate pricing, inclusive of expenses and VAT. We emphasise 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.
- 7.2 The value of the contract of services delivered will be up to a **maximum** of £100,000 (inclusive of VAT and expenses).

## **8.0 Assessment criteria**

We will assess applications based on the supplier's experience in the areas outlined below. We will consider each bidder's overall mix of experience, and there will not be a specific weighting given in our assessment of each area of the criteria. We will also assess each bidder's approach to delivering the work.

### *8.1 Experience*

- 8.1.1 Experience of designing and delivering a scoping process to inform the design of new initiatives, including experience of triangulating, synthesising and communicating different forms of knowledge to inform design and decision-making.
- 8.1.2 Experience of working in partnership and setting up effective collaborative ways of working and shared decision-making processes.
- 8.1.3 Experience of working and engaging with a wide range of stakeholders from diverse backgrounds, including members of the public, in developing new initiatives

### *8.2 Knowledge*

- 8.2.1 A broad understanding of the health and social care sector and its partners, and the application of technology in this area (essential).
- 8.2.2 Experience of researching and grasping new topics and ideas quickly and being able to distil ideas and draw out key themes.
- 8.2.3 Expertise in using design methods and tools.
- 8.2.4 Expertise in conducting primary and secondary applied research and sharing it in ways that can be easily understood and used to inform decisions.



### 8.3 *Approach*

- 8.3.1 Responsiveness and flexibility; ability to adapt iteratively based on new findings and progression through the work.
- 8.3.2 Transparency and accountability.
- 8.3.3 Collaborative decision making and inclusive approach; kind and fun to work with, bringing energy and enthusiasm to the programme.

### 8.4 *Other key considerations*

- 8.4.1 Value for money.
- 8.4.2 Financial stability and long-term viability of the organisation (due diligence will be undertaken on all shortlisted organisations).

## **9.0 Tender response requirements**

9.1 Suppliers will need to submit their completed **tender response form** to [ImprovementProgrammes@health.org.uk](mailto:ImprovementProgrammes@health.org.uk), which includes the following information and supporting documents.

9.2 We require detailed supplier information, including:

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

9.3 You will need to submit information in response to the tender, such as:

- 9.3.1 summary of why you would like to work as our scoping partner on this programme
- 9.3.2 summary of how you meet the assessment criteria
- 9.3.3 draft workplan of proposed activities and/or decision points that will enable us to close with prioritised problem areas and recommendations for next steps

- 9.3.4 costs, including a summary of the day rates and required days of those employed on the project, inclusive of VAT and expenses
  - 9.3.5 your approach to delivering this work and risk management
  - 9.3.6 any other relevant information the Health Foundation should take into account
  - 9.3.7 primary contact name and contact details
  - 9.3.8 details of the team carrying out the work – names, roles and expertise relevant to the tender
  - 9.3.9 information on any relevant other work you have done to supply a similar service.
- 9.4 In addition, suppliers should be able to provide:
- 9.4.1 client references that include a list of comparable organisations to which you have supplied a similar service and a brief project description for each
  - 9.4.2 a statement of your willingness to reach a contractual agreement that is fair and reasonable to both parties.

## **10.0 Selection process**

- 10.1.1 Please complete the **tender response form** and email it to **[ImprovementProgrammes@health.org.uk](mailto:ImprovementProgrammes@health.org.uk)** by **17.00 on Wednesday 20 April 2022**.
- 10.1.2 We will be hosting an information call in the week commencing 28 March 2022. Please email **[ImprovementProgrammes@health.org.uk](mailto:ImprovementProgrammes@health.org.uk)** if you would like to attend.
- 10.1.3 If you have any queries about the application process which are not addressed in this document, please email **[ImprovementProgrammes@health.org.uk](mailto:ImprovementProgrammes@health.org.uk)**.
- 10.1.4 Interviews and selection will take place **4–6 May 2022**.
- 10.1.5 We will communicate the final decision in the week commencing **9 May 2022**.
- 10.1.6 We will agree the start date following the final decision, but we are hoping to have an inception meeting with the chosen supplier in the week commencing **16 May 2022**.

## **Other information**

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.

This 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.

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.

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

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

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.

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

## **Confidentiality**

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

The Foundation may request suppliers to complete a non-disclosure agreement.

## **Conflicts of interest**

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. Applicants can find and download the policy from the Foundation's website at the following location:

<https://www.health.org.uk/COI>.