

Invitation to tender (ITT)

Support partner to deliver a funding programme on technology enabling new approaches to care in the home and community

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Prepared by

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Deadline: 17.00, Wednesday 12 April 2023

Relevant documents:

- [Sample contract](#)
- [Tender response form \(via our online applicant portal\)](#)
- [Supporting slides: Initial thinking for a new funding programme on tech-enabled care](#)
- Guidance document (on the online portal)
- Contract budget template (on the online portal)

1.0 Summary

This year the Health Foundation will launch a new funding programme to support the development of new proactive¹, relational² approaches to care at home and in the community that are enabled by technology.

We are seeking a support partner to work with the Health Foundation team to deliver this programme from June 2023 until December 2023 with potential to extend for a further 15 months to March 2025.

We plan to fund a number of teams in health and social care to:

- understand the future approaches to 'excellent care' that their communities need
- explore how technology can enable these approaches
- test and pilot ideas in their real-world contexts.

Through this programme, we hope to demonstrate promising new approaches to technologically enabled care that have potential for future spread and scale. Our ultimate goal is to improve outcomes and experiences for those delivering and receiving care.

This programme will take funded teams through a structured and supportive innovation process over several phases.

The role of the support partner will be to:

1. support the Health Foundation to refine how each stage of the programme will operate
2. develop and deliver activities to support funded teams at each phase of the programme, providing practical support to develop their ideas, offering advice and expertise, and helping funded teams to build capacity and skills. Up to six teams will be selected to take part in the programme.
3. support ongoing learning and reflection about the programme approach, helping to inform and implement iterative changes to its design over time.

The appointed support partner will be able to balance understanding the needs of teams, supporting them to progress their ideas (in an inclusive way, so the right people are involved) while at the same time understanding the wider challenges of doing this type of work in a health and social care context. They will take into account the local system

¹ A person or action creating or controlling a situation rather than just responding to it after it has happened. Our definition within health and care would be for that situation to be improved or positively managed to live a better and more independent life where this is possible.

² Relational aspects of care are often the elements most closely correlated with good service user experience (National Voices, 2013). Part of this is about people [feel treated] as a 'whole person' rather than focusing on care tasks (Source: *Reimagining community services*, The King's Fund, (2018). Within our definition this could encompass how that care is delivered, how it is coordinated amongst various professional, formal or unpaid care providers, and what needs are supported.

complexity, what it takes to develop a care approach that has future potential to scale, and the role of technology.

We are commissioning this work through an open tendering process. We will appoint the successful partner(s) in May 2023 and work will begin in June 2023. We are open to consortia/partnership bids.

The programme has been designed to be iterative, with specific points built in to learn, see how the teams are progressing, and change the programme accordingly. The design allows us to flex our approach and stop our programme altogether if necessary.

This way of working has implications for how we'll work with a support partner. Firstly, it'll require a strong collaborative approach between us and the support partner, working hand in hand to support the funded teams and iterate the programme. Secondly, our intention is to work with a support partner for the duration of the programme until March 2025. However, given the iterative approach, **we are initially contracting for a support partner to work with us until December 2023** – to get the programme underway, design and deliver initial support offers for teams, and help us think about what the rest of the programme looks like. We have budgeted for bids for this initial piece of work up to a **maximum of £120,000** (inclusive of VAT and expenses).

Applicants must complete the application form through our [applicant portal](#). See our [guidance on using the portal](#).

The deadline to submit proposals is 17.00, Wednesday 12 April 2023.

2.0 About the Health Foundation and our work on this topic to date

- 2.1 The Health Foundation is an independent charitable organisation working to build a healthier UK. In the Health Foundation's strategy for 2023–25, one of our strategic priorities is supporting radical innovation and improvement in health and care services – by providing practical insights, resources and opportunities for services to help them meet people's current and future needs and provide high-quality, efficient and equitable care.³
- 2.2 The design and delivery unit within the improvement directorate works with front-line teams, service user communities and health and care systems to identify, support and fast-track promising ideas to improve health and care, bridging the gap between policy and practice to help create the right conditions for change.
- 2.3 This new programme builds on our growing portfolio of work on technology-enabled innovation and improvement in health and care⁴ and has been informed by evidence about the state of health and care:

³ The Health Foundation: [Our strategy](#)

⁴ See our [Adopting Innovation programme](#), research on [technology and health](#), the [Q Lab](#), and the [IMPACT \(Improving Adult Social Care Together\) Centre](#) as examples.

- Most people want and prefer care to be as close to home as possible; the sector cannot afford to continue with approaches to care that not only offer people a poor experience, but that result in duplicated effort incurring additional costs.⁵
- The experience of those providing and receiving care often falls short of expectations and is not 'defined by the warmth of human connection or practicalities of support needed'.⁶
- Technology is a key enabler of change, with the potential to improve care for recipients, quality of work for staff and staff experience.⁷ There is policy appetite to make the most of digital tools and technology to improve the quality of care and support independent living.⁸

2.4 If we are to make the most of the opportunity for a more tech-enabled health and social care service, there is an exciting role for the Health Foundation to support new, tech-enabled approaches that have the potential to change the underlying system of care.

3.0 About the programme

3.1 The aim of the programme is to demonstrate new, relational and proactive approaches to care (including community care and social care) in the home and community that are tech-enabled and centred on the needs of those receiving care.

3.2 The programme design was based on the outputs of an initial scoping phase, where we commissioned a scoping partner⁹ to explore the opportunities for this new programme.

Key insights from the research which have shaped the programme design:

- There is a lack of collaboration across the technology, health and social care sectors, as well as a lack of relationships that are needed to enable holistic change.
- This area is complex and systemic in nature; systems should play a key role in defining the specific challenges they want and need to solve.

⁵ ADASS: *Re-imagining Integrated Care – a shift to home and community*

⁶ The Health Foundation: *A radical new vision for social care*

⁷ The Health Foundation: *Switched on: How do we get the best out of automation and AI in health care?* (2021)

⁸ In England, 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 (*People at the Heart of Care*). The government has recognised that levelling up access to technology is central to the elective care recovery plan (*Delivery plan for tackling the COVID-19 backlog of elective care*). Equally there is a policy push for care closer to home and making the most of technology in Wales (*A healthier Wales: long term plan for health and social care*) and Scotland (*Scotland's Digital Health and Care Strategy*).

⁹ PUBLIC

- This programme should sit across and within health and social care.
- Relational and proactive care, as well as person-centred care, is desired by policymakers and health and care systems and organisations, but not always realised.
- There is a lack of wider thought leadership on how technology can enable more relational, proactive care, and challenges in navigating the social care marketplace. More evidence is needed, such as robust economic evaluation, to enable better decision making.

3.3 Building on these insights, we designed a programme that takes teams through a structured innovation process, to design and develop new technology-enabled care approaches and pilot them in a real-world context.

3.4 The programme supports teams through a phased innovation process to:

1. **validate opportunities and develop ideas:** understand and validate local needs and opportunities for new approaches to care and explore the role of technology within that; convene and work with local partners, stakeholders (including people who deliver and receive care) to develop ideas. Up to six teams will be selected for this stage.
2. **test:** refine and test ideas in a real-world context
3. **pilot:** develop plans and deliver a 12-month pilot of the approach.

3.5 The programme has been designed to be iterative so we can adapt and respond to learning as we go. To support this, there are several learning and review points within the programme timeline to decide whether we need to:

- pause if more time is needed in a current phase or the programme if it isn't delivering what was intended, understanding why (this may even result in stopping altogether)
- pivot, if we need to adapt future phases and redesign the rest of the programme accordingly
- persevere and continue with the current programme plan.

3.6 As part of the learning and review points, we'll also decide which team(s) move forward to the next phases of the programme. For the teams that do progress, we'll take stock of what support they need to take forward their ideas. Therefore, as a result of the learning and review points, we'll work alongside the support partner to refine the next phases of the programme, including the support offers and agree resourcing.

3.7 In addition to a support partner we will appoint an evaluation supplier for the programme – to help us capture learning, the extent to which the programme model has achieved its aims, and to understand the factors that affect the success of the ideas being developed and tested. The support partner may be involved in the latter stages of appointing the evaluation supplier.

3.8 Further details on the current design of the programme are outlined in the slides found under 'Downloads' on the ITT webpage.

The role of technology in the programme

- 3.9 We are interested in technology that can support or enable relational, proactive care in the community and/or at home, and so our expectations for the type of technology this might entail is currently quite broad, and we're still exploring what is feasible within the timeframes and funding of this programme. We envisage that there will be opportunities for teams to explore the use of already well-embedded or approved health technologies in new ways, as well as emerging health technologies in the late stages of development as a means to refine the technology and generate real-world evidence that supports subsequent approvals.
- 3.10 This is a new funding approach for the Foundation. It's an ambitious programme and we have limited experience of delivering funding programmes in social care and the technology sector. Therefore, we are still testing and refining the model with potential applicants and stakeholders. Aspects of the programme design will change over the coming months, and we hope the appointed support partner will contribute to the refinement process.

4.0 The role of the support partner

- 4.1 The support partner will have three key roles:

1. Support the Health Foundation to refine how each stage of the programme will operate (estimated June–August 2023)

We want to work with the support partner to think about what each phase of the programme will look like in practice; the purpose of each phase and what we want to achieve. To do this we will draw on the support partner's expertise of running an innovation process, and on their knowledge of what it takes to support teams to understand and validate opportunities, ideate, test and deliver new concepts.

Once appointed, we'll work with the support partner to help us refine the programme design. We don't expect major alterations to the overall approach but can make tweaks to the design and agree a programme roadmap to ensure we are on the same page to deliver this exciting programme. As part of this, we'll agree a resource plan for the coming months, and also establish how we'll work together and respective roles and responsibilities.

We anticipate that the process for selecting up to six teams for the programme will be well underway by this point. Depending on the timescales there may be opportunity for the support partner to be involved in selection and/or offer light touch support at an early stage for prospective teams.

2. Develop and deliver activities and support offers for up to six funded teams, providing skills, expertise and building capacity (August–December 2023)

Once teams have been selected for the programme, we'll expect the support partner to build relationships with those teams and understand their strengths, assets, needs and aspirations for being part of this programme.

The support partner will then work with teams and the Health Foundation to develop and deliver the 'Validate opportunities and develop ideas' phase of the programme. Currently this phase focuses on supporting teams to:

- explore and validate opportunities within their local systems, places and/or communities to develop new approaches to care
- convene and collaborate with local stakeholders
- start to develop their ideas.

What the support partner's role looks like in practice will depend on teams' needs and the skills and capabilities they will bring. For the 'Validate opportunities and develop ideas' phase we imagine this could include:

- supporting teams to understand and use tools and methods in design thinking, service design, systems thinking, coproduction with diverse groups, either through coaching or facilitated workshops or sessions with teams
- hands-on support and advice to conduct research and/or data analysis to validate concepts and develop ideas
- helping teams access or navigate the technology needed to make their ideas possible (whether this is using existing and approved technology or pre-market technologies)
- supporting teams to consider the potential future spread and scale of their ideas from the outset
- facilitating connections/peer support across the programme for participants and their teams to learn and support each other.

The skills and expertise required to support the teams may come directly from the support partner, or be sub-contracted from wider networks, partners and/or associates as and when required.

3. Support ongoing learning and reflection about the programme approach to inform and implement iterative changes to its design over time (throughout but with a particular focus in December 2023)

The programme is designed to be iterative, and therefore the learning from the support partner – working with the evaluation supplier – will play a crucial role in shaping how the programme develops, the funding decisions that are made and contributing to wider evaluation about the effectiveness of the programme model.

As part of agreeing our ways of working in the first few months, this will also include establishing the learning loops we want to build into the programme, and how the support partner works with the evaluation supplier. The support partner will need to work closely with the evaluation supplier to maximise opportunities and ensure there is no duplication. Towards the end of the first phase of programme delivery, we'll expect the support partner to play an active role in the first learning and review point where we will be refining the model and refining the next phase of the programme.

- 4.2 While not a key role, there is likely to be other programme-level activity that would benefit from support partner input. For example, getting feedback on communications and influencing activity, inputting into governance meetings, sharing insights from/input into stakeholder conversations.

5.0 What we're looking for and assessment criteria

5.1 Ways of working

The type of support partner we'd like to work with would be:

- **flexible and happy to iterate:** this is an ambitious programme with many known unknowns and unknown unknowns to solve together.
- **open, collaborative and generous in sharing learning:** has the tools and know-how to build relationships, bring people together and is able to share learning as an ongoing part of the programme. Is willing to work alongside the Health Foundation team and evaluation supplier to deliver the programme together.
- **patient and honest:** holding each other to account and being open about what's working well and what isn't. We don't expect everything on this programme to work and for every idea to succeed, so we need to work with a trusted support partner who is going to be open to – and comfortable with – approaches or ideas failing and learning and adapting accordingly.
- **creative:** open to new ways of doing things.
- **purposeful:** despite the complexity, can drive things forward and build momentum.
- **inclusive and effective:** as comfortable working with senior leaders in statutory bodies as they are with front-line workers and care recipients, knowing what it takes to get the best out of people.

5.2 Knowledge and experience:

We are looking for:

- **experience of delivering a similar programme of work,** specifically an innovation and/or improvement process to successfully develop, refine and test a new intervention, service or social innovation; an understanding of the tools and methods required to support teams to take ideas from concepts to pilotable projects (some of which are outlined in section 4). Knowledge of what is required for a new idea to stand a chance of being adopted, scaling and spreading in the long run.
- **knowledge and experience of health and social care,** specifically knowledge and experience of working within social care and community care (and how these sectors intersect with health care), with an ability to work and support collaboration across organisations and sectors.
- **knowledge and experience of health tech markets:** sufficient knowledge to support teams (and advise the programme more generally) to navigate the health (and social care) tech landscape. Access to networks and/or contacts in technology organisations to facilitate connections would also be welcome.
- **credibility when working with diverse teams,** including experience in facilitation, coaching and encouraging reflective practice.
- **experience and ability to work in the ways outlined in section 5.1,** particularly the bidder's experience of working flexibly, iteratively and collaboratively.

5.3 We will consider each bidder's overall mix of experience and assess each bidder's proposed approach and ability to deliver the work. In addition, we'll also be taking into account:

- value for money (see 'Budget requirements' in section 7)
- financial stability and long-term viability of the (lead) organisation (due diligence will be undertaken on all shortlisted organisations)

5.4 The support partner may consist of one organisation (could be from public, private, not-for-profit sectors) or could be a partnership drawing in multiple skills and expertise. If bidders want to apply as a partnership, there needs to be one 'lead' organisation for the application. Bidders might know the Health Foundation or be new to working with us.

6.0 Budget and contracting

6.1 We envisage working with a support partner to deliver this programme throughout its duration from June 2023 until March 2025. **However, given the iterative design of the programme, we are only initially contracting for the first phase of work, from June 2023 to December 2023.**

6.2 By December 2023, we'll be in a better position, with the support partner, to understand what the next phase(s) look like given where the teams are on their innovation journey and what they need. At this point, the Health Foundation will also be able to stop the programme if it is not delivering as intended.

6.3 The Health Foundation has budgeted for the value of the contract of services delivered from June to December 2023 to be up to a maximum of £120,000 inclusive of VAT and all associated expenses.

7.0 Tender response requirements

7.1 Suppliers will need to submit their completed application form via our [applicant portal](#), referring to our [guidance](#).

7.2 The tender response form requires information including:

- organisation name, address, registered address (if different) and website address
- description of the organisation's activities or services
- organisational governance and management structure
- most recent company accounts
- how your proposal meets the aims and objectives of this work
- a proposed plan
- your relevant experience and expertise
- risks and mitigations
- how you envisage working with the Health Foundation and stakeholders
- details of team members involved in this work.

7.3 As these are standard Health Foundation ITT questions, we advise reading the ITT application guidance (found in the 'support documents' section of the online portal) which sets out our expectations and suggested word count for each question as it relates to this tender.

Budget requirements

- 7.4 Given that the specific programme of work being delivered is relatively unknown at this stage, we appreciate that bidders' budgets and costs will be indicative. We fully expect to co-create a detailed budget (within the stated financial envelope) once the support partner is appointed.
- 7.5 The ITT response form asks for a budget, and given these parameters we'll be assessing bidders' budgets/costings based on:
- the team members involved and the relevant experience and expertise they will bring (with bios included in the proposal)
 - the rates of team members and their anticipated contribution to the work
 - indicative costs where activities are known (for example, the first few months of work where we are establishing the programme plan and ways of working)
 - if applicable, how other areas of expertise will be accessed and associated costs.
- 7.6 The Health Foundation standard maximum day rate for a contractor is currently £1,000 per day. If the bidder needs to go above this amount, please include this in the budget and we can review on a case-by-case basis.
- 7.7 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.
- 7.8 The bidder may wish to include other items as necessary, such as venue costs, if it's relevant to the proposal. Please tell us how these budget items relate to the activities planned.

8.0 Selection process and timeline

- 8.1 Our proposed timeline for appointing the support partner:

Date	Activity
27 February 2023	ITT launched
11.00–12.00, 16 March 2023	Information call to answer questions
17.00, 12 April 2023	Deadline for applications
Week commencing 1 May 2023	Shortlisted applicants informed
Week commencing 15 May 2023	Interviews
Week commencing 22 May 2023	Support partner appointed
29 May–2 June 2023	Contracting
5–16 June 2023	First kick-off meeting

- 8.2 Please complete the form on Salesforce Grants by **17.00 on Wednesday 12 April 2023**.
- 8.3 We will be hosting an information call on Thursday 16 March 2023, 11.00–12.00. Please email ImprovementProgrammes@health.org.uk if you would like to attend.

- 8.4 If you have any queries about the application process, please email ImprovementProgrammes@health.org.uk.
- 8.5 We will agree the start date following the final decision, but we are hoping to have a kick-off meeting with the chosen supplier between 5 and 16 June 2023.

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.

1.0 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 that suppliers complete a non-disclosure agreement.

2.0 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. [Read the policy.](#)