# Support Partner ITT info call: Tech-enabled care programme

Questions posed

*16 March 2023*

## Questions about the application process

### The online application portal asks for different word limits than the guidance document, what should we do?

It has come to our attention that there is an issue with our online portal world limits. For some questions, the portal specifies and only permits different word counts to our guidance document. Please continue to follow the word count limits provided in the guidance document (which is accessible through the portal), you will find instructions in the document for how to submit answers to the questions with differing word limits.

### Applicants are allowed to submit profiles of additional team members as part of the Project Management Plan. Is there any limit on the number of team members we can include here, or on the word count for each person's profile?

There is no limit on the number of team members you can include, or the word count. Please provide what you think is necessary for us to get a good idea of the key members who would be working on this programme.

### If we have previously worked with the Health Foundation, are we required to submit a reference our can we just respond "N/A" on this part of the online form?

If you have worked with the Health Foundation before, you can put N/A on this part of the form.

## Questions related to support parter role

### Is the Health Foundation looking for a single support partner?

We will need to have one lead organisation contractually, but welcome partnership applications. We acknowledge that the kind of skills we're looking for may need to come from a pool of different partners. Once the support partner begins to work with the teams and understands their needs more, the support partner may also need to bring in wider expertise.

### Could the support partner be from the same organisation as the evaluation partner?

The evaluation will need to be independent, and so the supplier will need to be from a different organisation. However, if there's further detail you would like to discuss please email ImprovementProgrammes@health.org.uk and we can pass it on to our colleagues who are leading on the evaluation of this programme.

## Would the Health Foundation see it as beneficial if the support partner was a dual nation collaboration?

Currently we don't know who the six programme teams are, but a support partner with experience across the UK would be beneficial as we are open to and encourage programme teams to apply from across the UK.

## How much time does the Health Foundation expect the support partner to dedicate to this work?

This is something that we're interested to hear from you - what you think the budget allows in terms of supporting the programme teams. We anticipate this will be a hands-on programme, so there is an expectation that the support partner will be dedicating quite a bit of resource to it.

## What are we looking for in support partner to complement our own experience and knowledge? What do we not currently have in House at the Health Foundation?

At the Health Foundation/within our team, we have an understanding about what it takes to develop ideas and the stages of innovation involved (eg validating opportunities, doing systems mapping, prototyping and testing). However, we see value-add in the support partner being able to bring additional knowledge, resource, expertise and experience of delivering those sorts of processes.

The support partner will be our on-the-ground eyes on what it takes to develop something like this, and ideas that really have potential to succeed beyond the programme. This, combined with the perspective that the Health Foundation and evaluation supplier bring, will hopefully build a strong team to deliver this programme.

# Questions related to the programme teams

## How many teams are the Health Foundation looking to fund through the programme?

At the moment we are looking to select six programme teams for the first phase, and at each subsequent 'learning and review points' select the most promising teams to move forward to the next phase, based on a set of criteria that the support partner will help inform.

## What role will the support partner have in the programme team application process

Our current thinking and hope is that programme teams will be led by organisations who are providers of care. We hope to have decided on the cohort of successful teams by the end of July.

In terms of the actual application process, we intend to have a relatively straightforward application form where we ask applicants what the opportunity in their local care system to embark on a programme like this. They will have six/seven weeks to complete the form, but we will also offer the opportunity to share a high-level overview of what they'd like to submit and get some light touch feedback. This could be from the Health Foundation, but it would be great if the support partner could be involved in that too, if timelines and capacity allow. The support partner could also offer coaching or light touch advice to potential applicants to refine their application.

## Which partners are expected to be involved in each stage of team selection (both at the outset and between phases following launch of the programme)? For example, would the

evaluation supplier be expected to be involved in initial selection of teams and/or selection of teams to move onto phase 2?

Based on current timelines, the evaluation supplier will not be appointed until August 2023, so will not be part of the initial selection of the six programme teams, but we'd like the support partner will be involved in this (should timelines and capacity allow). For subsequent selections (between phase 1 and 2, and 2 and 3), we expect that both the evaluation supplier and support partner will be involved in that process and help inform decision-making.

### What expertise are the Health Foundation looking for in programme teams?

We will be looking for things such as: capacity to participate in the programme, senior buy-in, strong local partnerships, means and ability to involve people who deliver and/or receive care, a willing and openness to learn new skills. However, there's a key role that support partner can play in building and developing specific skills such as methods in design and systems thinking, ideating, testing, collaborating across sectors, navigating how technology can enable new ways of providing care.

### What's the role of technology companies in the programme and with programme teams?

We expect the lead applicant of programme teams to be a provider of care. The key ask is around the development of a new approach to the care, and the technology provision needs to fit in with that, rather than be led by the tech. Applications may come in partnership with a technology company, or the tech expertise may be brought in as a team progresses through the programme. The tech requirements may vary across the teams depending on the ideas they plan to develop, and their current technology capability.

### How well advanced is the Health Foundation expecting the technology to be? What evidence-base should the technology have eg level of evidence of effectiveness and cost-effectiveness?

There's a couple of ways of answering this question and a couple of scenarios may emerge from the programme. For example, there may be teams who need to use an existing technology in a new way that can enable a new approach to care to be tested and piloted. Therefore, the technology may not be considered overly advanced and would be well established and the innovation is more focused on the pathway or ways of working that sit around the technology. Given the timeline and resources available, developing a brand new or bespoke technology is not feasible. However, there may be teams who require a technology that is in the process of being approved, and as mentioned in the ITT, this programme could support emerging health technologies in the late stages of development to refine the technology and generate real-world evidence that supports subsequent approvals. In this scenario, the support partner may support the team to connect with a suitable tech organisation with potential to collaborate together.

Our aim is that, however advanced the technology is, that a new tech-enabled approach to care can be piloted as part of this programme.

## Questions related to ways of working

### In terms of delivery and working with the participants is the Health Foundation looking for the support to be delivered in-person, remote and/or hybrid?

We would expect support to be delivered in a mix of formats depending on what best suits both the support partner and the teams - so hybrid as well as remotely or in-person.

**Is the role of the delivery partner to advise on the delivery of the programme, with the Health Foundation operating as the day-to-day connection point with teams or is the partner to be the main source of contact with the involved organisations?**

Closer to the latter. We're hoping that the support partner and Health Foundation will work together as a team, with the support partner advising on delivery and working closely with the teams / being the main contact point.

**How much time will the Health Foundation dedicate to the programme?**

There will be a dedicated programme delivery team on the Health Foundation side consisting of full-time programme manager and two programme officers working on it half-time. Strategic input will come from our Assistant Director and Director of Innovation and Improvement. A research manager and research officer will be leading on the commissioning and management of the evaluation.

**Is there an indication of the size and length of the potential contract for the delivery partner, after the initial phase of June-December 2023?**

The initial contract is June-December 2023, for up to £120,000 (incl VAT). Our intention is to continue working with the support partner until the end of the programme (March 2025), if the programme progresses as anticipated.

The indicative budget would be a further £100-120,000 for the testing phase, then £80-90,000 for the pilot.

We have kept the contract iterative, as we want to respond to how the programme is progressing (eg whether we need to pivot, what teams' needs are). The budget also depends on how many teams progress through each programme phase.

## Broader programme questions

**Is this programme going to be repeated?**

As this is a new topic and form of funding for our team, we have not yet committed to repeating the programme. This will depend on how the programme goes and whether the Health Foundation can have a positive impact in delivering funding in this way. We're testing the waters, and this is happening in parallel with an internal scoping process to shape our future funding programmes for next year and beyond. The intent is that some of the learning that comes out of this programme will inform decisions about the shape of our future funding programmes and what innovation means to us.

**How is your application process a limit eliminating bias?**

The Health Foundation intends to continually improve our application process, eg in how we assess applications and providing support. This is one of the reasons why we want to try and build in support and feedback while people are doing their applications, so that we can provide steers an early stage so they stand a better chance at having a successful application. A lot will hinge on the substance of the idea.

At the Health Foundation we have an overarching commitment to supporting diversity, equity and inclusion as one of the cross-cutting themes in our strategy. Although we haven't specified that the ideas would have to relate to reducing health inequalities, we would give preference to organisations who apply with related ideas because they would be more strategically aligned.

One of the key things we will ask applying teams is around how they will engage with people who deliver and who receive care because we want them to be at the heart of new approaches to care.

**Has the Health Foundation thought about how products built in the pilot will be maintained and iterated on post pilot? Will you provide funding to provide the Technical Support required?**
Broadly there is still thinking to be done on what happens after this programme. If we get end up with really exciting models or technology coming through and the Health Foundation there could be scope to explore further funding.

We're not necessarily envisaging (partly due to the complexity of developing, piloting and rolling out a completely brand new technology) for organisations to be starting with a blank slate. Rather, we're expecting that organisations might be thinking about how existing technologies might be tailored, or applied in different contexts. Or, there may be a technology that has been developed to a point, but needs the next stage of development to be implemented in practice. In terms of who leads on the technology side, we expect that there will be organisations for whom this is their bread and butter, who will have an incentive beyond the program to continue supplying that product because they're doing that contractually.

In summary, we're not looking to prop up the kinds of technology that require constant grant funding in order to be sustained. We want to support things for which there is going to be a market in service of enabling that greater embeddedness and ultimate spread.

**Has the Health Foundation got a tighter definition on the focus of the programme being on health and care at home or in the community, or keeping it broad?**
For this programme we are keeping a broad definition of care, but with a focus on social and community care (excluding purely acute pathways). Our focus has been on the opportunity to support relational care at home and in the community.

One of the reasons why we've continued to keep it broad is to give freedom to the teams, to drive their vision for the opportunities they see on this programme. By not narrowing down and keeping it open we hope to provide the space for people to collaborate, as opposed to starting off on a very specific definitions that could have unintended consequences that entrench certain styles and ways of working.

We acknowledge that this does impact the kind of support that the support partner gives. This is something we'll have to manage and it may be that we have a cohort of programme teams that are working in very different spaces and might require different kinds of support. Hopefully this is reflected in the nature of the budget and the level of expertise that we're hoping to bring on to the programme. We'll also learn whether this was the right call to make, and whether to keep it open or to be a lot more focused in potential future programmes.

**Is the Health Foundation providing any digital infrastructure support for the teams.**
The funding that teams are awarded may go towards digital infrastructure if needed, and we're expecting teams to include this in their budgets.

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