Understanding public attitudes to social care funding reform in England

Invitation to tender

15 September 2017

Prepared by
Ruth Thorlby, Assistant Director Policy
The Health Foundation
Tel: +44 (0)20 7257 8000
www.health.org.uk

Deadline date:
13 October 2017 at 12.00

Attached documents include
- Tender response form
- Budget template
- Sample commissioning contract
1.0 **Summary**

1.1 The Health Foundation is seeking a provider to conduct research with the public in England on their attitudes to social care funding and options to reform the funding system.

1.2 Our aim is to provide an in-depth **qualitative** understanding of public attitudes to a number of alternative funding proposals being developed and modelled in concurrent research conducted by the Health Foundation and the King’s Fund. This commissioned research will complement other research we have commissioned, comprising a survey and a discrete choice experiment (details below).

1.3 We anticipate bids up to a maximum of £150,000 (inclusive of VAT and expenses).

1.4 Your tender should be submitted using the tender response form that accompanies this invitation to tender. An electronic copy should be sent to Ruth McConkey, ruth.mcconkey@health.org.uk by 12.00 on 13 October 2017.

2.0 **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.

3.0 **Background to project**

3.1 The system for funding social care in England is in urgent need of reform. Local authority spending on social care has fallen in recent years as demand has grown. There is evidence that unmet need amongst those with the lowest incomes is on the rise.

3.2 Health Foundation analysis has quantified the gap facing adult social care across the UK as pressures for services mount. In 2015 we estimated a funding shortfall of £6
billion by 2020/21, rising to £13 billion in 2030/31 (assuming no change in policy). To put this in context the funding gap of £13 billion is equivalent to 62 percent of the total expected budget for the same year¹. We updated our method following announcements in the 2015 spending review and subsequent budget, but still estimate a gap of £2.1bn in 2019/20.²

3.3 In the 2017 Queen’s Speech, the newly elected government has committed to ‘bring forward proposals for consultation’³ relating to the reform of social care funding in England. Policymakers and politicians from all sides acknowledge the need for reforming social care funding and there have been many reviews and inquiries resulting in proposals over the past few years, (the most recent was the Dilnot Commission in 2011). However, implementation of proposals to reform the system has been blighted, not least by the scale of the extra funding needed to ensure an equitable, sustainable and high quality social care system.

3.4 The Health Foundation aims to contribute to the debate through strengthening the evidence base. We are addressing gaps that relate to technical detail (for example, about how much money is already spent on social care, on whom, to what effect, and what different models exist elsewhere and what they might cost), but also gaps in knowledge about how the public understands and values social care.

3.5 To boost the knowledge on a technical level, we have funded a project led by RAND Europe. The project is an exploration of international evidence, reforms to models of health and social care funding and lessons for the UK. As part of this programme of work we have commissioned a discrete choice experiment with 2,500 people across the four countries of the UK. This will explore how the public value different attributes of a health and care funding system and how they make trade-offs between different elements of them. This work is due to complete in early 2018. The Health Foundation has also commissioned a number of additional questions in the 2017 British Social Attitudes Survey, run by Nat Cen, asking about knowledge of existing funding arrangements and attitudes to a limited number of alternative sources of funding.

3.6 We are also planning to work alongside an academic institution to explore the existing social care datasets. We hope to better understand the reach and access of social care so as to be able to provide a ‘snap shot’ picture of the sector. This will complement work, also well underway, by the Institute for Fiscal Studies as part of round 1 of our Efficiency Research Programme (ERP) which is tracking changes in spending, quantifying how far social care meets older people’s needs, and measuring what impact social care utilisation and spending has on use of NHS services.

In July 2017, we began work with the King's Fund to establish a set of options to reform the public funding of adult social care in England. Through a series of workshops and face to face meetings, we are engaging with experts and stakeholders in adult social care to define and test several possible options. The work will set out the pros and cons of each, as well their palatability from a policy standpoint. We hope to identify a set of funding options and assessment criteria which are “owned” by a wide range of stakeholders and experts. The overarching aim of the project is to develop a range of fully developed options to be presented to policy makers, rather than identify one favoured option.

The work will include an evidence review and modelling of the potential costs of the most commonly proposed approaches to funding social care. We plan to produce a series of vignettes which set out how each option will affect eligibility and funding for people in a range of circumstances (for example, a home owner with no other savings moving into a care home).

Aims and objectives

The aim of the work is to understand public attitudes towards social care, the way it is funded and reactions to alternative funding models.

The work should aim to generate understanding about the following areas:

Existing attitudes and awareness of social care for older and working age adults, for example:

- What does social care mean to people?
- What knowledge do people have of how care and support is provided both formally and informally?
- What knowledge do people have of formal social care services, including quality?
- What do people understand about current social care funding?
- What are attitudes towards the current model and why?

Explore beliefs and attitudes towards responsibility for funding, for example:

- How do the public think social care should be funded?
- Who do people think should be responsible for paying for social care?
- What should the balance be between government, the individual and the family?
- What should the principles be behind any proposed funding model?

Understand attitudes and reactions to alternative models identified in the research above, for example:

- How do people react to proposed alternative funding models?

When answering the above questions, we would also like to explore whether there are differences between relevant groups, for example:

- What impact does age have?
- Is there a generational effect?
• What impact does socio-economic status have?
• Are there different perspectives amongst BME groups?
• What differences are there between those with experience of the social care system and those without that experience?

We are aware that the scope of the commissioned work may not be able to definitively answer the questions outlined in 4.3, but the sampling section of the proposal should address to what extent they might be relevant, how best they might be answered and consider other variables that the work should consider. This will require a project team or provider with experience of accessing and engaging a cross section of the public in different locations across England.

4.4 The provider will be responsible for designing, managing and conducting the research; analysing the findings; and producing a series of high-quality coherent deliverables that synthesises key findings into a core set of lessons that are directly relevant to the social care sector in England and current policy debates.

5.0 Method

5.1 Previous work in this area shows that social care is complex and the base level of understanding is at best mixed. If we want to test new models of funding then people need to first understand the current system, what social care is and how it is funded.

5.2 This takes more time than focus groups allow so our initial thinking is that deliberative events are likely to be the most appropriate method. There are limitations to this method in that reactions to proposed funding options will come once people have already had a clear explanation of the current system. Clearly this will not replicate how any new proposals would be received outside a research environment. However, we are interested in how people react to new information throughout the course of the work. Your proposal should explore how this can best be captured and what learnings we can take from the events. Your proposal should also address how long events should be, and whether reconvened events might be necessary.

5.3 We would also welcome discussion on how your methodology would address any differences between groups, for example:

  • Would you need to do separate work with BME communities or other relevant groups?
  • Would you conduct separate work with each generation in advance of bringing people together or is it more appropriate to have a broad cross-section of society working together on the questions?
  • What other important population segmentations need to be explored?

5.4 In terms of numbers of attendees our initial thinking is roughly 50 people per event. However, this needs to be balanced against regional representation. Please provide a discussion on the pros and cons around numbers balanced against a reflective sample in each area. How many events do you propose and where?
5.5 Your proposal should explore and present how you use stimulus where appropriate. Given that we would expect there to be variations in understanding both on what social care is and how it is funded we would need to provide clarification on both these points. We would also like to explore the impact of using stimulus that also shed light on the variable quality of social care across the country, and whether this changes people’s perceptions. Please demonstrate how you would do this.

5.6 We would welcome any challenge to the proposed method. Please do explore alternatives if you feel they are better placed to answer the above aims and objectives.

5.7 We will be able to work with the appointed supplier on the stimulus, particularly around how to present any alternative models to the current funding system.

6.0 Sample

6.1 Given that any proposed changes to social care funding will affect everyone in different ways and at different times of their lives we are looking to recruit a representative sample of the public. Within the sample section of your proposal please discuss the following:

- Where you would conduct the work? We need to ensure we capture views in different parts of England (please note this work is only taking place in England at present) but recognise there is a balance to be struck between the budget and reach.
- Whether you would boost the representation of people who have experience of social care, considering both working age adults and older people? Please also consider informal care and private care.
- Are there any arguments for boosting some sections of the population?
- What other considerations need to be taken into account when sampling?
- How you would recruit people who have experience of social care?
- We would also like proposals to consider whether it would be useful to run one of the events solely with service users and carers, to explore further if their perspectives are different to the wider public. We invite providers to give their thoughts on this and include options for including this or not in their budget.

7.0 Deliverables

7.1 The Health Foundation wishes to commence this work on 13th November 2017, with the first round of public engagement events to be completed by the end of 2017, followed by a further round by the end of February 2018 and final report submitted by March 31st 2018.

7.2 Our expectation is that the findings from this work will feed into a longer report on public attitudes, combining the results from other research projects. To this end, we will need an interim report, a final standalone report and a slide set suitable for publication on our website.
8.0  Working with us

8.1  The Health Foundation takes a partnership approach to its work. The work will be managed by a Health Foundation Research Manager, with strategic and content input provided by senior staff at the Health Foundation and King’s Fund.

8.2  Given the relatively quick timescales required for the work, and its close links with the parallel work stream with The Health Foundation and the King’s Fund, we envisage co-production which could include: co-designing the materials, co-moderation of some events, and a representative from the provider at some of the parallel project meetings to ensure full understanding of the funding options being developed. We would want to attend key analysis sessions.

8.3  Any costs incurred for meetings should be factored into the budget.

9.0  Costs

9.1  Responses to this invitation should include accurate pricing, inclusive of expenses and VAT. It is emphasised 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.

9.2  We anticipate bids up to £150,000 inclusive of VAT and expenses.

10.0  Timelines

10.1  The table below lists the key dates for this ITT.

<table>
<thead>
<tr>
<th>Date</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 September 2017</td>
<td>Invitation to Tender launched</td>
</tr>
<tr>
<td>22 September 2017</td>
<td>Proposal questions submitted via email</td>
</tr>
<tr>
<td>29 September 2017</td>
<td>Responses to questions via email</td>
</tr>
<tr>
<td>13 October 2017</td>
<td>Deadline for submissions</td>
</tr>
<tr>
<td>16 - 20 October 2017</td>
<td>Internal assessment</td>
</tr>
<tr>
<td>23 October 2017</td>
<td>Interview notification</td>
</tr>
<tr>
<td>31 October 2017 (depending on our diaries)</td>
<td>Interview</td>
</tr>
<tr>
<td>6 November 2017 (depending on diaries)</td>
<td>Inception meeting</td>
</tr>
<tr>
<td>10 November 2017</td>
<td>Final research protocol submitted</td>
</tr>
<tr>
<td>Week commencing 13 November 2017</td>
<td>Work commences</td>
</tr>
</tbody>
</table>
11.0 Tender response requirements

11.1 Providers are requested to fill in the attached tender response form and budget template in full. Your entire proposal including all supporting documentation should be e-mailed as a single document to Ruth McConkey, ruth.mcconkey@health.org.uk by no later than 12.00 on 13 October 2017.

12.0 Instructions for tender responses

12.1 The 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.

12.2 This work specification/invitation to tender (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.

12.3 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.

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

12.5 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.

13.0 Selection criteria

13.1 Responses will be evaluated by the Foundation using the following criteria in no particular order:

- Ability to deliver on all required services or outputs
- Capacity to deliver a project of this scale including examples where you have done so in the past
- The quality and clarity of the proposal demonstrating understanding of this policy area and a well-designed approach to answer the brief
- Evidence of proven success of similar projects / evidence of adaptability of any existing products to be used
- Responsiveness and flexibility
- Transparency and accountability
- Value for money
- Financial stability and long-term viability of the organisation (Due diligence will be undertaken on all shortlisted organisations)
- Ability to work with others – provide examples of working with organisations in the way outlined in paragraph 8.2
13.2 It is important to the Foundation that the chosen provider is able to demonstrate that the right calibre of staff will be assigned to the project; therefore, the project leader who will be responsible for the project should be present during the panel interviews if you are selected.

14.0 Selection process

14.1 Please email electronic copies of your full proposal plus any accompanying documents to Ruth McConkey, Research Officer, ruth.mcconkey@health.org.uk by 13 October 2017 at 12.00.

14.2 A response to your application will be made by 23 October 2017.

14.3 Interviews will be held on 31 October 2017.

14.4 Final decision will be communicated by 3 November 2017.

14.5 Start date to be agreed following the final decision [and would be as soon as practicable].

15.0 Confidentiality

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

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

16.0 Conflicts of interest

16.1 The 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 Foundation’s website at the following location: www.health.org.uk/about-us/