



Economic
and Social
Research Council

Invitation to Tender

Independent evaluation of IMPACT: IMProving Adult Care Together (UK Centre for Evidence Implementation in Adult Social Care)

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Prepared by

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Deadline date: 12.00 GMT (midday), Thursday 3 March 2022

Attached documents:

- [Budget template](#)
- [Sample commission contract](#)
- [Sample tender response form](#)
- [AIMS user guide](#)

1.0 Summary

- 1.1 The Health Foundation and the Economic and Social Research Council (ESRC), part of UK Research and Innovation (UKRI), have co-funded the development and delivery of a £15 million centre called IMPACT: IMProving Adult Care Together to support the implementation of high-quality evidence in adult social care across the UK.
- 1.2 IMPACT (the Centre) aims to increase the use of high-quality evidence to improve and support innovation within adult social care. It will support the adult social care sector in making the best use of evidence and transform how social care evidence is turned into practice, including supporting adults and young people moving into adult social care, and how social care interacts with partner agencies and other sectors, such as youth services, health and housing. It will seek to improve the uptake of evidence-based interventions in commissioning and frontline practice, and build capacity among staff working in adult social care to evaluate innovations and improvements.
- 1.3 Operating across the UK, and drawing on UK-wide learning, IMPACT will bring together academic teams and experts in the mobilisation and implementation of research evidence, with social care staff, providers, commissioners, policy experts and people with lived experience of adult social care. The Centre is led by Professor Jon Glasby at the University of Birmingham, with a leadership team of 12 other academics, people drawing on care and support, carers' organisations, and policy and practice partners – along with a broader consortium of stakeholders from across the sector and across the four nations of the UK.
- 1.4 The Centre is being developed and implemented over three phases:
 - (1) Co-development phase (9 months) April 2021 – December 2021.
 - (2) Establishment phase (12 months) January 2022 – December 2022.
 - (3) Delivery phase (5 years) January 2023 – December 2027.
- 1.5 The Health Foundation and the ESRC are seeking an evaluation partner to undertake an independent impact evaluation of the overall programme of funding and the development and delivery of the Centre, to understand how investments of this size and scale can support and strengthen links between evidence, policy and practice. This will need to be based on the underlying Theory of Change for the programme and its four primary aims. It will also need to consider the impact of the Centre and its activities on the implementation of evidence into practice, and how it builds links between research, policy and practice in the wider social care ecosystem.
- 1.6 The Centre will have national strategic significance to both the social care sector and to other funders who are looking for innovative ways to support innovation and improvement in adult social care. As one of the largest investments of its type in the UK in adult social care, there is a significant amount of knowledge to be gained on what works and how to implement evidence into practice through the development and delivery of the Centre itself. This independent evaluation will assess the impact of this funding and develop valuable learning for the funders, the Centre and wider

system stakeholders, and help inform future funding strategies by the funders and other UK-wide funders.

1.7 There are two stages of the independent evaluation:

- (1) Scoping and design of the impact evaluation protocol.
- (2) Implementation and delivery of the impact evaluation.

1.8 The independent evaluation forms part of a wider monitoring and evaluation framework for the Centre, which also includes ongoing Centre award monitoring and reporting led by the funders, and a Centre-led evaluation to primarily provide formative evidence to support the Centre's activities during its development and operation. This information will be readily available to the successful evaluation partner.

1.9 The evaluation partner will be commissioned via an open tendering process. The successful team will be appointed in early April 2022 to start work later in April 2022. The evaluation will last approximately 5.5 years and be delivered over the establishment and delivery phases of the Centre. The final evaluation report will be due at the end of 2027.

1.10 The deadline to submit proposals is 12.00 GMT (midday), Thursday 3 March 2022.

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. 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.

2.2 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.

2.3 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 About the Economic and Social Research Council

3.1 The Economic and Social Research Council (ESRC) is part of UK Research and Innovation (UKRI), a non-departmental public body funded by a grant-in-aid from the UK government.

3.2 The ESRC is the UK's largest funder of research on social and economic issues. It supports the development and training of the UK's social scientists and also funds major studies that provide the infrastructure for research.

3.3 The ESRC funds high-quality research and knowledge mobilisation which informs policymakers and practitioners and has an impact on businesses, voluntary bodies and other organisations.

4.0 Background

4.1 Adult social care across the UK is under increasing pressure and undergoing substantial change. Social care is delivered through a highly devolved model and by a wide range of providers, with different levels of integrated health and social care provision across the four countries of the UK. It interacts with other services including (but not limited to) housing, education, transport, health and criminal justice. Evidence on innovations and improvements is available to social care staff and commissioners across the UK, but the complex nature of the system, including a large and distributed workforce often with different levels of training and experience, means that frontline practice may not benefit sufficiently from high-quality evidence. This is likely to be compounded in the short term due to ongoing workforce shortages as a result of the COVID-19 pandemic. Increased implementation of evidence-based innovations and improvements in adult social care is key to ensuring better outcomes for people who use services, and their carers and families. Implementing innovative ways of providing social care is therefore essential, but challenging.

4.2 In September 2019, the Health Foundation and the ESRC announced they were co-funding an innovative £15 million UK Centre to lead the way for better implementation of high-quality evidence on innovation and improvement in adult social care.

4.3 Recognising the synergy between good evidence and good practice, and operating across the UK, the Centre will bring together academic teams and experts in the mobilisation and implementation of high-quality evidence, with adult social care staff, social care providers, commissioners, policy experts and people with lived experience of adult social care, to achieve the following **four primary aims**:

- (1) To increase the use of high-quality evidence¹ by adult social care staff when implementing innovations in social care, leading to enhanced care delivery and outcomes across the UK.
- (2) To build capability, where appropriate, among the workforce to identify and to evaluate innovations in adult social care, and at its interfaces with other services, including health, to inform local, regional and national policy and practice.
- (3) To improve connectivity across social care providers and staff, commissioners, innovators, people with lived experience of social care, academics and policymakers nationally and locally, to promote the better use of evidence into practice and support the adoption and spread of innovations in care.
- (4) To improve understanding of behaviours and mechanisms that lead to, or prevent, the uptake and implementation of evidence across social care and the

¹ The Centre's evidence will draw upon different types of research, the lived experience of people who draw on care and support and their carers, and the practice knowledge of adult social care staff.

development of tested ways of addressing the barriers to uptake in different settings.

- 4.4 Following an extensive competitive award process, the IMPACT (IMProving Adult Care Together) Centre was announced on 24 March 2021, led by Professor Jon Glasby at the University of Birmingham, with a leadership team comprising a mix of 12 other academics, people with lived experience who draw on care and support and their carers, and policy and practice partners – along with a broader consortium of stakeholders from across the sector and across the four nations of the UK. Further details on the IMPACT Centre can be found in Annex A.
- 4.5 The development of the Centre is now underway and will be implemented in three phases over seven years to enable practical improvements on the ground, and help ensure the Centre creates longer-term cultural and sustainable change in the adult social care landscape:
- Co-development phase (9 months) April 2021 – December 2021, to understand local priorities within and across the four nations of the UK, engage stakeholders and build partnerships.
 - Establishment phase (12 months) January 2022 – December 2022, during which the structure of the Centre will be formed and refined, to deliver the activities defined in the co-development phase and embed collaborative ways of working across stakeholder groups.
 - Delivery phase (5 years) January 2023 – December 2027, during which the Centre will be fully operational and well-established within each UK nation and across the adult social care sector.
- 4.6 Continuation into each phase is dependent on the successful completion of the previous phases, assessed by the funders' Management Board through formal stage-gate reviews. Where timing allows, the evaluations described here will also contribute towards these assessments.
- 4.7 The Centre funding began in April 2021 and it has just moved from its co-development phase into its establishment phase in January 2022 after undergoing its first stage-gate review in November and December 2021.

5.0 Overall monitoring and evaluation framework

- 5.1 The Centre is one the largest single investments in evidence implementation in adult social care to date and represents an innovative funding model through its focus on “learning while doing” across and between each of the four UK nations. To ensure there is a robust feedback loop into both the Centre itself and the funders, the overall monitoring and evaluation (M&E) framework for IMPACT comprises three components, the aim of which is to:
- Track the development and delivery of the Centre as it moves through each of the phases of the award, ensuring it meets the aims and objectives of the overall award, and provide ‘real-time’ feedback to the funders in line with the reporting requirements of both funders.

- Provide formative evaluation feedback into the Centre, as it develops its delivery model, ensuring it continues to adapt to changing circumstances over time in response to the overall aims and objectives of the Centre and award.
- Understand the overall impact of the funders' investment in the Centre and how investments of this size can support better links between evidence, policy and practice.

5.2 The three components are outlined below in more detail:

- **IMPACT award monitoring and reporting:** There will be award monitoring and reporting to inform and strengthen the Centre's activities and direction, and to support it in achieving the four primary aims across each phase of its development and delivery (section 4.3). This will ensure the funders and the Centre have common shared information about progress and deliverables as the Centre progresses. This will form the bulk of the evidence submitted to each stage-gate review. It will support Centre-led and funders' independent evaluation activity, including output recording and baseline monitoring; and provide contract and risk management and accountability of the use of public funds. Assessment of quality and progress will be incremental throughout the phases of the Centre. Formal stage-gate reviews took place in November and December 2021 at the end of the co-development phase, and the next review will be at the end of the establishment phase. A mid-term review will take place during the delivery phase of the Centre to inform sustainability and future funding.
- **IMPACT-led evaluation:** A key part of the award requirements is for the Centre itself to establish its own formative evaluation alongside a detailed theory of change describing how the individual activities of the Centre will contribute to the overall aims and objectives of the award. The aim of this evaluation is to support the Centre to learn from its own activities and adapt its delivery model in response to changing contexts and environment over the lifetime of the award. The IMPACT-led evaluation will also capture the outputs and impact of the Centre during its operation and delivery. The Centre is currently developing its overarching evaluation framework, including data sources and metrics, impact plans, key performance indicators, success criteria, measurement and analysis approaches, reporting methods and timelines. The Centre will need to produce an initial evaluation protocol early in its establishment phase to capture learning during this phase, with a finalised and established evaluation framework in place by the beginning of the delivery phase. The Centre-led evaluation will report into the Centre's governance structure and report back to the Programme Management Board when appropriate.
- **Funders' independent impact evaluation:** Alongside both the monitoring and IMPACT-led evaluation elements described above, the funders are also commissioning an independent impact evaluation – the subject of this ITT – with the aim of assessing the overall impact of the Centre from the funders' perspective against its underlying Theory of Change and its four primary aims. The evaluation will develop and share learning with the funders, IMPACT and wider system stakeholders about how investments of this size and scale can support better links between evidence, policy and practice. This evaluation will also develop valuable learning for the funders about how to implement evidence

into practice in adult social care to help inform future funding strategies. Key deliverables and contract break clauses for this independent evaluation will be aligned to the overall M&E framework and used to inform stage-gate reviews. Further details are outlined in section 6.0.

5.3 The overall M&E framework has been designed to meet the requirements of both funders, including the UKRI Strategic Priorities Fund (SPF) plan requirement to conduct an independently commissioned impact and process evaluation, and to feed into the fund-level evaluation of the SPF. The funders are continuing to refine and update the overall M&E framework for the programme to reflect ongoing internal discussions and will work with the Centre director and leadership team to finalise the monitoring and reporting requirements for each phase of the Centre, including listing the core deliverables² and the information that is required during each phase, as well as the frequency and format of reporting (see Figure 1). The M&E framework will be further developed for the establishment phase in December 2021 and January 2022.

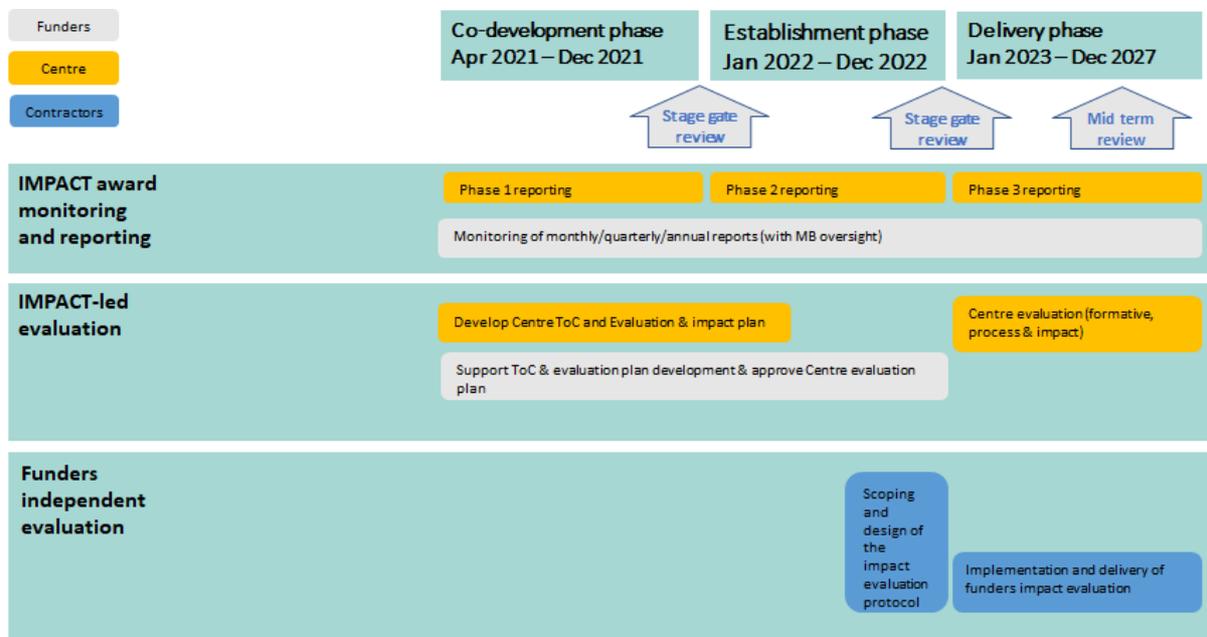


Figure 1: Overall monitoring and evaluation framework for the IMPACT programme

5.4 Given the high level of synergy between each of the M&E components, it is expected that effective ways of working will be developed between the funders, the Centre-led evaluators and independent evaluators. The Centre will also comply with all reasonable requirements of any independent evaluator, including attending relevant evaluation meetings with the funders’ evaluation leads and the independent

² For example, deliverables for the co-development phase have included: innovation of the approach; four nations approach; leadership and governance structures; equality, diversity and inclusion; communications and stakeholder engagement; Theory of Change; evaluation framework; and the core work programme and delivery plans.

evaluator (as necessary). We will be able to share further information about this element with the appointed contractor.

6.0 Details of the work

6.1 The purpose of this ITT is to commission the funders' independent evaluation of the IMPACT Centre, in line with the original aims and objectives for the funding.

6.2 The aims of this evaluation are to:

- assess the overall impact of the Centre from the funders' perspective against its underlying Theory of Change and its four primary aims
- develop and share learning with the funders, IMPACT and wider system stakeholders about how investments of this size and scale can support better links between evidence, policy and practice
- develop valuable learning for the funders about how to implement evidence into practice in adult social care to help inform future funding strategies.

6.3 The two stages of the independent evaluation are:

- (1) Scoping and design of the impact evaluation protocol.
- (2) Implementation and delivery of the impact evaluation.

6.4 Both stages are described below.

7.0 Stage 1: Scoping and design of the impact evaluation protocol

7.1 Stage 1 of the evaluation allows the successful evaluator to scope and design a rigorous and robust mixed-methods evaluation, as well as assessing the overall feasibility of the impact evaluation framework and protocol. Given the complexity of the monitoring and evaluation arrangements, it will be essential for the successful team to demonstrate how they will establish good working relationships with the funders and the Centre leadership team, and how they will ensure they build an in-depth understanding of the Centre and its aims. We anticipate the scoping and design phase will take approximately 3–4 months.

7.2 This stage of the evaluation is likely to require a review of existing documentation relating to the Centre and the funders' Programme Theory of Change for IMPACT (see Annex B). It will need to assess how well the Centre's own Theory of Change aligns with the original aims of the investment to ensure there is good alignment throughout the delivery and evaluation of the Centre. It may include interviews or workshops with key stakeholders and the Centre leadership team to understand proposed delivery mechanisms and emerging monitoring data, and we are looking for evaluators who can work with funders and the Centre to identify opportunities to maximise data collection and synergies between the Centre-led and independent evaluations.

7.3 During the scoping and design stage, it is anticipated the evaluator will work with the funders to refine and prioritise indicative evaluation questions outlined in Annex C, and take into consideration a range of factors including:

- the balance and breadth versus depth of approach needed to complete an impact evaluation, as well as the split between quantitative and qualitative evidence
- what data, metrics or evidence will help the funders assess the overall impact of the Centre on policy and practice, and therefore what should be collected by the independent evaluator or the Centre, or be available through the IMPACT award monitoring and reporting or other potential data sources.
- the extent of co-production with the adult social care sector/people with lived experience within the impact evaluation design to ensure appropriate questions and methods are used
- how the evaluator will work effectively across the four nations, the extent to which differences across the four nations will pose a challenge for the evaluation and how this will be addressed
- consideration of the cost and resource implications for any specific data collection
- the point at which data collection for the impact evaluation should begin and end, and the frequency of data collection
- what information needs to be collected during the establishment phase to ensure the landscape is well understood and documented before the Centre begins its development, which will also help ensure any changes or shifts in the landscape can be identified and attributed to the Centre, where necessary.

7.4 By the end of the scoping and design stage, the evaluator should produce a detailed evaluation protocol, which will deliver a comprehensive and robust plan of how the provider plans to evaluate the impact of the Centre. This will include, where possible:

- an updated Theory of Change for the funders, where applicable
- the proposed evaluation questions
- the proposed research/evaluation methods and feasibility assessment
- a stakeholder map
- a baseline report, data sources and metrics
- analysis plans and protocols
- a detailed risk register
- format and timelines for brief progress, mid-term and final reporting, ensuring these align with the funders' monitoring and stage-gate review arrangements
- any other preparation for the implementation and delivery of the impact evaluation, such as data permissions and ethical approval
- an overall report on any data collected during the establishment phase, such as stakeholder interviews, used to develop the impact evaluation framework.

7.5 The key deliverables during the scoping and design stage are shown in Annex D. The final protocol will be subject to external peer review, and evaluators should build in time to respond to feedback before commencing Stage 2.

8.0 Stage 2: Implementation and delivery of the impact evaluation

8.1 Following the scoping and design stage, the provider will be responsible for managing and conducting a robust, high-quality mixed-methods evaluation based on the protocol developed in Stage 1. This will provide an independent assessment of

the overall impact of the funding and delivery of the Centre against the underlying Theory of Change and the four primary aims of award.

- 8.2 The implementation and delivery of the impact evaluation will be aligned to the five-year delivery phase of the Centre (January 2023 – December 2027) and potential evaluators will need to demonstrate (in their bids and based on the information contained within this ITT) how they might deliver the ongoing impact evaluation during the lifetime of the Centre.
- 8.3 The indicative milestones and deliverables during this phase are outlined in Annex D.

9.0 Working with the Health Foundation, the ESRC and the Centre

- 9.1 The funders welcome bids from both independent evaluators and consortia to undertake both stages of the impact evaluation, spanning the establishment and delivery phases of the Centre. It will be important for bidders to demonstrate they have the right mix of skills and experience. In the case of a consortium, we anticipate there being a lead evaluator who would take overall responsibility for the delivery of the contract. Proposals should describe in detail how these arrangements and any quality assurance mechanisms would be managed.
- 9.2 Where at all possible, the Health Foundation and the ESRC will take a partnership approach to this work. In the inception meeting, we will work with the evaluation partner to refine the proposed approach for scoping the evaluation and agree on the ways that we will work together and ensure the evaluation feeds into the existing programme governance structure (Annex E).
- 9.3 The evaluation provider should lead on the co-production and development of a concordat with all key parties involved in the impact evaluation of the Centre.³ This should articulate the mutually agreed principles to guide the conduct of the evaluation, such as setting out the roles and responsibilities of each party; agreeing steps to minimise the burden of data collection on all partners; and agreeing to share data as appropriate. The Centre director and leadership team are aware of the funders' independent impact evaluation and have agreed to comply with all reasonable requirements of any independent evaluation partner. Key stakeholders and organisations working with the Centre may not all be aware of this independent evaluation.
- 9.4 Proposals should therefore outline how the evaluation partner proposes to:
- Avoid overburdening the Centre and its stakeholders and how best to engage, facilitate data sharing, protect confidentiality, and feedback findings to participating key stakeholders and organisations contributing to the evaluation as it develops, and how to manage any potential tensions.

³ Brewster L, Aveling E, Martin G *et al.* What to expect when you're evaluating healthcare improvement: a concordant approach to managing collaboration and uncomfortable realities. *BMJ Qual Saf* 2015; 24: 318-324.

- Work collaboratively with both the funders and the Centre director and leadership team throughout the independent evaluation, ensuring they gain an understanding of the work programme, the original four primary aims of the Centre and the design principles behind the Centre, and making sure the impact evaluation aligns with both the Centre's objectives and design principles.
- 9.5 The evaluation lead at the Health Foundation will be the main point of contact for the evaluation partner and will monitor progress and risks on the contract through regular catch-up phone calls or emails. The evaluation partner should consider how frequently they will need to report to the evaluation lead and provide an indication of this in their proposal and budget.
- 9.6 The evaluation lead at the Health Foundation will work with the evaluation lead at the ESRC and report (as necessary) into the Programme Coordination Group (PCG), and will ensure the evaluation partner is kept up to date about programme developments. The evaluation lead at the Health Foundation will also report to the PCG on behalf of the evaluation partner. The evaluation partner will not be expected to report to these meetings on a regular basis, but the evaluation partner's project management plan should allow the delivery team and the funders to keep sight of the evaluation throughout the lifetime of the Centre and attend meetings where appropriate/requested.
- 9.7 We recommend that the evaluation partner allocates resource to attend up to three Programme Advisory Groups and two Programme Management Board meetings over the course of the evaluation, as outlined in Annex D. The provider may wish to allocate budget to attend a selection of IMPACT-led evaluation advisory group meetings, which can be decided on during the design and scoping stage.
- 9.8 A progress review for the evaluation provider will take place towards the end of the establishment phase and at the mid-term review during the implementation and delivery phase. Continuation of funding will be dependent on satisfactory progress and delivery against the agreed deliverables, as assessed through formal peer review, in consultation with the evaluation sub-group.

10.0 Outputs and audiences for this work

- 10.1 The provider will analyse the findings and produce coherent mid-term and final reports that address the evaluation questions and pull out key findings and learning for future investments in adult social care research, innovations and improvement. The Health Foundation, in conjunction with the ESRC, will work with the provider to agree the structure for the mid-term and final reports and agree the timeframe for deliverables. The mid-term report will be aligned to the Centre's sustainability review. We also anticipate brief progress reporting provided no less than annually. Indeed, we anticipate findings from this evaluation will:
- help develop and share learning about how to implement evidence into practice within adult social care settings with the Centre and funders, as well as build strategic linkages and share learning with other funders and national bodies operating in this space, and the wider research community and system stakeholders

- inform decisions about the ongoing and future sustainability of the Centre and how investments of this size and scale can support better links between evidence, policy and practice
- develop valuable learning for the funders about how to implement evidence into practice through the development and delivery of the Centre and help inform future funding strategies by the funders and other UK-wide funders.

10.2 The primary audience for this evaluation includes the funders, the Programme Management Board, the Programme Advisory Group and the Programme Coordination Group, which include senior representatives from the Health Foundation and the ESRC, as well as other major UK research organisations. Given the strategic importance of this investment in the UK funding landscape, it is important the funders track and understand the overall impact of the Centre, as well as develop valuable learning for future investments, and share learning with IMPACT as well as with other funders and national bodies operating in this space and the wider research community.

10.3 The Health Foundation and the ESRC will work closely with the evaluation partner to develop key messages and to draw out the implications of the findings for our wider stakeholder engagement work. Wider stakeholders interested in this evaluation and its findings may include:

- people who draw upon adult social care and support
- adult social care carers
- adult social care staff
- user-led organisations and community groups that work with and for people with seldom heard voices
- experts in the mobilisation and implementation of research evidence
- social care providers
- commissioners
- governments (UK, devolved, local)
- policy experts
- academic teams.

10.4 The funders are developing a joint communications plan for the overall programme with dedicated support from both the funders' communication teams. We ask that the evaluation provider works in partnership with the funders to ensure the independent evaluation feeds into this overall communications plan, and that key findings and learning are disseminated through appropriate channels as and when needed. We intend to publish the key messages and findings from the evaluation and our provider will be expected to work with the funders or an independent writer to provide insight into key findings, co-author potential published outputs and provide feedback on outputs.

11.0 Requirements

11.1 The successful provider will need to maintain a flexible approach throughout the evaluation. They will be responsible for delivering all aspects of the independent impact evaluation, including scoping and designing the impact evaluation protocol; obtaining relevant authorisations and approvals where applicable; and working with the funders and the Centre's leadership team and sites to organise data access

and/or to collect all relevant data; design and carry out the evaluation and analyses; and complete reporting. However, where necessary, the funders will ensure the provider has access to the information that is collected through the IMPACT award monitoring and reporting, and the IMPACT-led evaluation.

- 11.2 This is likely to require an evaluation team with demonstrable experience in conducting robust qualitative and quantitative research, as well as the ability to develop and disseminate knowledge, learning and evidence in a clear and compelling way, for example having a track record in being able to systematically evaluate at a programme level.
- 11.3 The team will have demonstrable experience of developing effective working relationships with a wide range of stakeholders (such as people using services, carers and seldom heard voices), as well as strong understanding and experience of evaluating complex, multi-site interventions. They should also be able to demonstrate interest in, and knowledge of, contextual factors likely to determine the effectiveness of implementing, embedding and sustaining high-quality research evidence in adult social care locally, regionally, nationally and across the UK. This will include being sensitive to, and having an understanding of, the different policy contexts in each of the four nations.
- 11.4 The successful provider must ensure that they have both adequate **capacity and resources** in place in order to deliver robust, timely evaluations that will be complex in nature, across a number of simultaneous deliverables and over time. This evaluation will require team flexibility to enable them to work with the Centre.
- 11.5 We are looking for appropriate and robust methodological approaches that take account of research and evaluation being designed and delivered during the COVID-19 pandemic and its aftermath. Applicants should provide a detailed overview of the scoping and design stage of the evaluation in their proposal (Stage 1). Given the longevity of the evaluation, we also ask applicants to indicate how they propose to undertake the impact evaluation (Stage 2), and potential methodologies and approaches that would fit within the overall budget, based on their knowledge to date, to ensure a robust impact evaluation. Applicants should demonstrate how they might flex the proposed approach once the scoping and design stage has taken place, and their ability to bring in other methods and expertise as required.
- 11.6 The successful evaluation partner should be able to describe how they would address key evaluation questions through a diverse range of methods, particularly where data are likely to be accessible at different times. Given the ongoing situation regarding COVID-19, the successful team will need to remain flexible regarding timescales, methods used throughout the evaluation, working with the funders, the Centre and its stakeholders, and how they will manage risks.

12.0 Intellectual property

- 12.1 In commissioning this evaluation, the Health Foundation will own the intellectual property generated (please see the intellectual property clause in Schedule 6 of the sample contract). The Health Foundation will grant usage of intellectual property to the ESRC through a co-funding agreement.

13.0 Costs

- 13.1 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.
- 13.2 We anticipate bids of up to £400,000 (inclusive of VAT and expenses).
- 13.3 We will commission this evaluation by issuing a contract for services and, as such, we expect VAT is likely to be payable on all aspects of the work. Please consult your contracting team and/or finance team to ensure that VAT has been included appropriately before submitting your proposal and budget.

14.0 Information webinar

- 14.1 A pre-recorded webinar will offer prospective applicants the opportunity to hear more about the evaluation and clarify understanding. This video will be available to watch on the application page of our website from 20 January and will offer applicants the opportunity to hear more about the programme and ask questions to clarify understanding.
- 14.2 We would ask that you email any questions you would like answered on the information webinar to Amanda.Watt@health.org.uk with the subject 'IMPACT information webinar' by 12.00 (midday), 17 January 2022.

15.0 Tender response requirements

- 15.1 Providers are requested to present their response by completing the Health Foundation's tender response form on the AIMS system. A PDF form is included as an example – do not use this to submit your application, this must be done online.
- 15.2 Detailed provider information must be provided, such as:
- organisation name, address, registered address (if different) and website address
 - description of the organisation's activities or services
 - history and ownership
 - organisational governance and management structure
 - most recent company accounts.
- 15.3 The tender response must include confirmation of how you will meet the requirements of the tender, including:
- summary of your proposed approach
 - summary of the experience of the key personnel who will be involved in the project
 - costs, including a summary of the day rates and required days of those employed on the project, inclusive of VAT and expenses
 - project and risk management, including a Gantt chart outlining the key dates, milestones and deliverables against each phase/workstream
 - any other relevant information the funders should take into account

- primary contact name and contact details
- details of the team carrying out the work (names, roles and expertise relevant to the tender)
- client references, including information on comparable organisations to which you have supplied a similar service and a brief project description for each
- a statement of your willingness to reach a contractual agreement that is fair and reasonable to both parties. Please find attached a copy of our standard contract and outline any disagreements you may have with this.

15.4 Responses will be assessed by representatives from the Health Foundation and the ESRC, as well as a small panel of external representatives. Proposals will be assessed using the following selection criteria:

Essential criteria

- Experience in evaluating complex interventions using a range of qualitative and quantitative methods.
- Appropriateness of proposed methodology and sampling framework.
- Expertise in scoping, designing and delivering impact evaluations.
- Appropriate project management, risk management, information governance and quality assurance expertise.
- Demonstrable capacity to deliver the evaluation on time, on budget and to the required standard, with proven ability to flex resource capabilities and adapt to changing environments when required.
- Ability to draw on other expertise if needed, and to work collaboratively with a range of stakeholders, including people with lived experience of services and their carers, and community groups and user-led organisations that work with and for people with seldom heard voices.
- Strong communication skills.
- Value for money.
- Knowledge or awareness of the adult social care setting in which IMPACT sits.
- Knowledge or awareness of the challenges with implementing evidence into practice and an interest in designing and analysing evidence that will help understand the mechanisms or factors influencing impact, spread and sustainability.

15.5 It is important to the funders that the chosen evaluation partner 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.

16.0 Instructions for tender responses

16.1 The Health Foundation and the ESRC reserve the right to adjust or change the selection criteria at their discretion. The Health Foundation and the ESRC also reserve the right to accept or reject any and all responses at their discretion, and to negotiate the terms of any subsequent agreement.

- 16.2 This work specification/invitation to tender (ITT) is not an offer to enter into an agreement with the Health Foundation and the ESRC; 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 Health Foundation and the ESRC as offers to enter into an agreement. The Health Foundation and the ESRC may reject all proposals, in whole or in part, and/or enter into negotiations with any other party to provide such services, whether they respond to this ITT or not.
- 16.3 The Health Foundation and the ESRC 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.
- 16.4 The Health Foundation and the ESRC are not obliged to disclose anything about the successful bidders, but will endeavour to provide feedback, if possible, to unsuccessful bidders.
- 16.5 Your bid is to remain open for a minimum of 180 days from the proposal response date.
- 16.6 You may, without prejudice to yourself, modify your proposal by written request, provided the request is received by the Health Foundation prior to the proposal response date. Following withdrawal of your proposal, you may submit a new proposal, provided delivery of the new proposal is received by the original due date.
- 16.7 Please note that any proposals received which fail to meet the specified criteria contained in it will not be considered for this project.

16.8 Selection process

Please complete the online tender response form on the AIMS system by 12:00 (midday), Thursday 3 March 2022. We will not accept proposals submitted after this time.

Please read the [AIMS user guide](#) before starting to complete the form. This is available on our website and via the online form on AIMS.

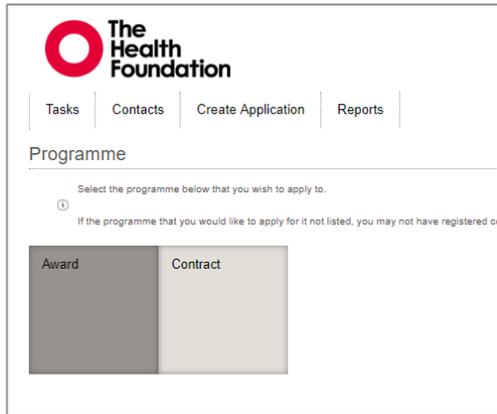
AIMS quick start

Once you have registered with AIMS and activated your profile via the verification email, you can start a tender response. If you are applying on behalf of a team or organisation, register with the organisation via the '*Contacts*' tab before doing so.

Then click on '*Create Application*' and select to apply on behalf of the organisation you have just registered with.

Open tender instructions

Select the '*Contract*' programme, as shown below.



On the next screen, click to expand the 'Programme call' drop-down menu, and select the *Independent evaluation of IMPACT: IMProving Adult Care Together (UK Centre for Evidence Implementation in Adult Social Care)*.



- 16.2 A response to your application will be made in the week beginning 21 March 2022.
- 16.3 We intend to interview a selection of shortlisted bidders on 30 and 31 March to explore proposals in more depth. Please ensure you are available to be interviewed on these days.
- 16.4 The final decision will be communicated in the week beginning 4 April. The start date is to be agreed following the final decision (but would be as soon as practicable).

17.0 Confidentiality

- 17.1 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.
- 17.2 Providers may be requested to complete a non-disclosure agreement.

18.0 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 Health 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. For example, this may include any connections with IMPACT. The policy can be found and downloaded from the Health Foundation's website at the following location: <https://www.health.org.uk/COI>.

19.0 Key dates

The table below lists the key dates for this evaluation

Dates	Activity
6 January 2021	Invitation to tender published
20 January 2022	Information webinar
3 March 2022	Applications close
w/b 21 March 2022	Shortlisted applicants invited for interview
30/31 March 2022	Interviews
w/b 4 April 2022	Successful provider notified
w/b 25 April 2022	Inception meeting
w/b 25 April 2022	Evaluation protocol finalised; contracting

Annex A: IMPACT: IMProving Adult Care Together

IMPACT will be an 'implementation centre', drawing on the knowledge gained from different types of research evidence, the lived experience of people using services and their carers, and social care practice. It will work across the UK to make sure that it is embedded in, and sensitive to, the different policy contexts in each of the four nations, as well as being able to share learning across the UK as a whole.

The IMPACT Centre will collaborate with people with lived experience of adult social care services and a range of existing policy and practice partners¹ – and its work will need to be embedded locally, regionally and nationally across the UK. IMPACT started its initial engagement work in June 2021 through a national online survey (with over 2,000 responses) and a series of five 'assemblies' in each of the devolved nations (one in Wales, Scotland and Northern Ireland; and two in England). Each assembly included a diverse group of around 30 people, including those who draw on care and support, carers, practitioners, providers, commissioners, researchers and others. For the rest of 2021, the Centre will continue consultation with key stakeholders across adult social care, and across the four nations of the UK, including inviting advice and critical challenge from its Assemblies, critical friends and consortium, to develop its priorities², core work programme and structure (see Appendix A).

During the establishment phase, IMPACT is proposing to set up and start testing (prior to roll-out in the delivery phase) four main delivery models: IMPACT Demonstrators, IMPACT Networks, IMPACT Facilitators and ASK IMPACT (see Appendix B). These approaches have been developed over the Centre's co-development phase, which revealed strong support for approaches which seek to provide practical support to implement evidence in everyday realities of adult social care and to promote learning by doing. During the establishment phase, initial projects will be on topics where there is a fairly consistent and sufficient evidence base and where there is interest from partner and host organisations.

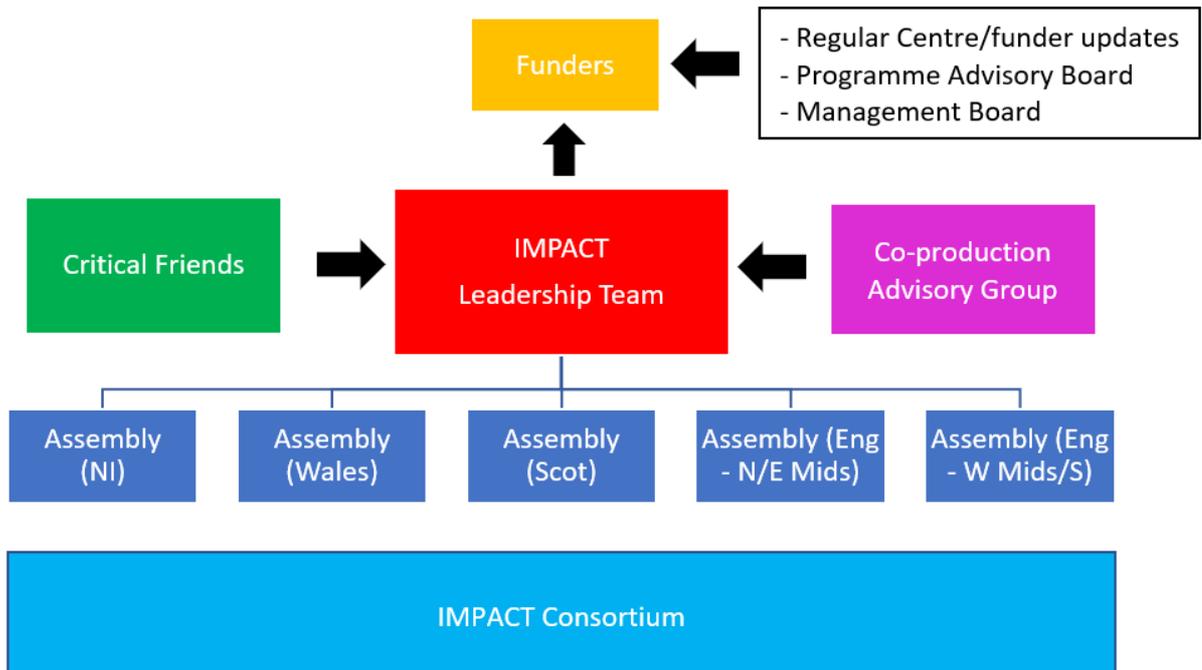
The development of the IMPACT co-production strategy and communications plan is also underway. The communications plan is built around raising awareness of IMPACT and opportunities to engage; building their networks in each of the four nations, promoting understanding and trying to increase the value of evidence including research, lived experience and practice knowledge; as well as engaging groups whose voices are seldom heard; and building relationships with national policy and practice partners so the Centre can embed lessons learned from individual local projects into national learning and impact.

¹ For example, service regulators and inspectorates, educational regulators, workforce regulators, research funders, and national policymakers.

² A few emerging priorities have included: prevention and wellbeing; person-centered and assets-based approaches; carers' health and wellbeing; pay and progression for care staff; and integration of care (however final analysis is underway).

For more details on IMPACT, including its initial engagement work, potential work programmes and delivery models, please see: <https://more.bham.ac.uk/impact/>. Further information will be readily available to the successful evaluation partner.

Proposed Centre governance structure



Proposed delivery models

	Delivery models	Type of challenge/opportunity
<i>Pro-active</i>	IMPACT Demonstrators	Major strategic issues/long-term projects, with coaches (including with lived experience) facilitating local change, supporting local evaluation and embedding lessons in national policy.
	IMPACT Networks	Bringing local people together to work on practical solutions to common/everyday issues (and to share learning with other groups working in the same issue in their area) (a network of networks).
<i>Responsive</i>	IMPACT Facilitators	Responsive approach, with individual change agents/ knowledge brokers based within local organisations to carry out an evidence-informed change project.
	Ask IMPACT	Collating common queries/challenges/dilemmas, and producing accessible evidence/guides in response (so that IMPACT's website is a two-way form of communication/dialogue rather than a one-way form of dissemination).
<p><i>All:</i> scaling/sharing learning via: action learning sets, web resources, professional guidance, links to further/higher education, 360-degree immersive videos, etc, and work to embed in national policy and practice.</p>		

Annex B: Initial draft Programme Theory of Change for IMPACT: IMProving Adult Care Together (UK Centre for Evidence Implementation in Adult Social Care)

<p>Rationale</p> <ul style="list-style-type: none"> To develop a UK Centre which will lead the way for better implementation of high-quality research evidence in adult social care. 			
<p>Objectives</p> <ul style="list-style-type: none"> Increase use of high-quality research evidence by adult social care staff when implementing innovations in social care, leading to enhanced care delivery and outcomes across the UK. Build capability, where appropriate, among the workforce to identify and to evaluate innovations in adult social care, and at its interfaces with other services, including health, to inform local, regional and national policy and practice. Improve connectivity across social care providers and staff, commissioners, innovators, people with lived experience of social care, academics and policymakers nationally and locally, to promote the better use of evidence into practice and support the adoption and spread of innovations in care. Improve understanding of behaviours and mechanisms that lead to, or prevent, the uptake and implementation of evidence across social care and the development of tested ways of addressing the barriers to uptake in different settings. 			
<p>Activities</p> <p>Centre-led activities will be developed by the Centre and be clarified during the co-development phase at various points in time, e.g. developing communications strategy (such as engaging with NIHR or NICE).</p> <p>Funder-led activities (NB: timelines may be revisited due to COVID-19):</p> <ul style="list-style-type: none"> Commissioning activities. Communications activity (e.g. blogs). Formal monitoring and reporting. Governance. Developing communications strategy (including engagement with policy audiences, e.g. DH&SC Committee). Advisor and ‘thought leader’ to the Centre (but the extent of this will be shaped and led by the Centre). Risk management. 	<p>Outputs (immediate)</p> <ul style="list-style-type: none"> Increased capability of social care staff to identify, appraise and use evidence. New knowledge about what works in implementing innovations in social care, in what contexts and how it can be scaled. Improved understanding of behaviours and mechanisms that lead to, or prevent, the uptake and implementation of evidence across social care, and how to create an environment conducive to innovation. Development of tested ways of addressing the barriers to uptake of evidence-based innovations and improvements in different settings. UK-wide learning, maximising the potential for comparative analysis, to understand the role and operation of different UK contexts and legislative frameworks to facilitate or inhibit implementation of evidence. Engagement, collaboration, networks and sharing of learning between key UK stakeholders. Building capability of social care staff to conduct their own evaluations and influence NICE guidelines. Better collection and reporting on the effectiveness and use of the evidence base within adult social care. 	<p>Outcomes (3–5 years)</p> <ul style="list-style-type: none"> Greater connectivity across social care providers and staff, commissioners, innovators, people with lived experience of social care, academics and policymakers nationally and locally. Greater use of high-quality research evidence by adult social care staff when implementing innovations in social care. Change in local, regional and national policy and practice reflecting knowledge on what works in implementing innovations and improvements in social care. Spread of knowledge across the UK. Shared understanding across UK stakeholders of evidence-informed innovation and improvement in adult social care. Sustainability of the Centre’s outputs beyond the initial funding period. 	<p>Impact (10 years +)</p> <ul style="list-style-type: none"> Adoption and spread of evidence-based innovations in care. Enhanced care delivery and outcomes across the UK. Improved design and delivery of adult social care services. Greater support for people delivering social care to use and generate evidence in practice to support innovation and improve outcomes. Future investment strategies and ways of working in the adult social care sector relevant to different UK nations.

Assumptions

- An understanding of the evidence landscape and existing knowledge mobilisation and implementation activity in complex adult social care systems across the UK.
- Mobilising the uptake of existing evidence base around innovations and improvements in adult social care will lead to impacts.
- There are differences in the perceived quality and relevance of the existing research and practice evidence base across and within the social care sector and related services, and the academic community.
- There is appetite and capacity in the sector (for example among social care workforce and wider bodies such as NICE) to engage with the Centre but this may differ across regions and the four nations.
- The Centre will not undertake primary research (rather it aims to increase the use of high-quality research evidence to improve and support innovation within adult social care).

Enabling factors (support/hinder)

- Learning from the Centre's own activities and other key UK stakeholders about what makes a difference to the implementation of evidence.
- Support for and development of skills in the workforce and frontline practice to better identify, use and implement research evidence.
- Support for local partners to develop the skills required to undertake high-quality local evaluation of practice and share the outcomes with relevant stakeholders in a robust way.
- Funding of £1.5m for the Centre.
- The baseline capacity and ability in the workforce and frontline practice to identify, appraise and use evidence.

Annex C: Proposed list of evaluation questions for the independent evaluation of IMPACT

An **indicative** list of evaluation questions is provided below. During the design and scoping phase of the evaluation, evaluators should anticipate working with the funders to revisit, refine and prioritise evaluation questions.

Structure/operations/activities

1. How effective have the Centre's and funder's structures and operations supported the delivery of the four aims of the Centre? For example:
 - a) To what extent have the Centre's activities been co-produced (i.e. involving people with lived experience of care/carers, frontline staff or 'seldom heard' voices), and what impact has this had on delivering the Centre's aims?
 - b) How innovative, as well as appropriate, has the Centre's approach been to the implementation of evidence during the lifetime of the Centre? Where could this have been improved and what would have enabled this to happen?
2. What have been the key facilitators and barriers in developing and delivering the Centre's activities, and how have they been capitalised on or overcome? For example:
 - a) How did the work programme and delivery mechanisms of the Centre contribute to achieving its overall objectives and outcomes? Which elements of the Centre's structure, operations and activities worked well or less well and why?
 - b) How has the Centre's own evaluation helped shape the design and delivery of the Centre's activities?
 - c) To what extent has the Centre engaged with, used learning from, and considered the interface between adult social care and other sectors (such as criminal justice, the NHS, the private sector), and how has this contributed to it achieving its overall objectives?
3. How well have the governance structures and delivery models across the funders and the Centre supported it to achieve impact over the lifetime of the investment?

Impact

1. What impact has the Centre had during its period of operation, and to what extent can this be attributed to the Centre's strategic aim of "*greater use of high-quality evidence by adult social care staff when implementing innovation in social care*"? Specifically:
 - Improvements in adult social care across the UK such as enhanced care delivery and outcomes?
 - Cost reductions and/or efficiency improvements in adult social care?
 - Improvements experienced by those delivering adult social care?

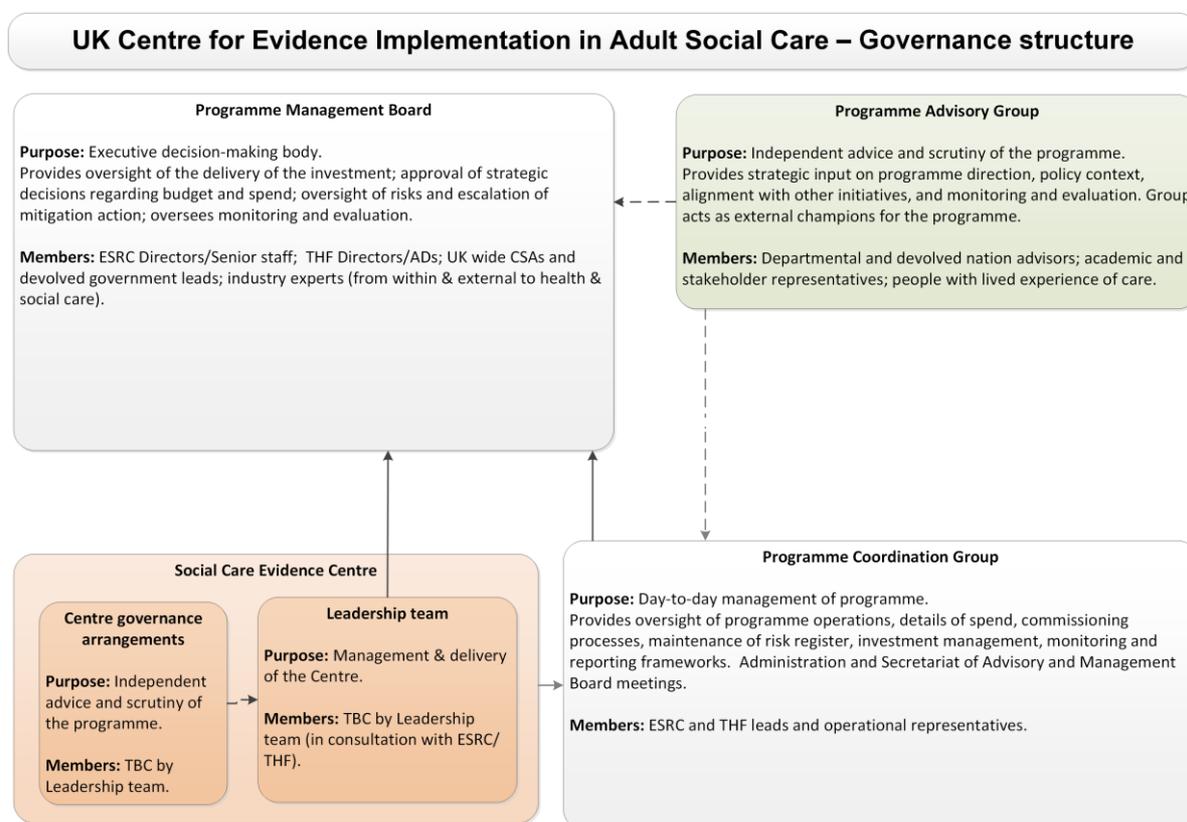
- Impact on wider capabilities in social care research?
2. Has the Centre contributed to an improved understanding of the behaviours and mechanisms that lead to, or prevent, the uptake and implementation of evidence-based innovations or improvements in adult social care? And has the Centre contributed to the development of tested ways of addressing these barriers to uptake in different settings?
 3. To what extent did the Centre engage with stakeholders across the four nations of the UK, and were any improvements experienced by stakeholders?
 4. To what extent was the Centre able to work effectively across the four nations and what role did the different contexts and configurations of social care and its partners in each of the four nations play in influencing the impact of the Centre across its four primary aims?
 5. To what extent has the Centre engaged with wider system stakeholders, policy makers and funders to support the ongoing development, translation and implementation of evidence into practice?
 6. What role and impact did the Centre's stakeholders have on the programme during its period of operation?
 7. To what extent will the Centre's impact be sustained beyond its initial period of funding, and what factors (facilitators and barriers) may influence this?
 8. What are the unintended consequences of the programme?

Annex D: Milestones and deliverables for the independent impact evaluation of IMPACT

Milestone	Deliverables	Success criteria	Deliverable due date
Inception meeting with the funders' evaluation leads and members of the PCG	Revised and costed evaluation proposal	Evaluation proposal incorporates any feedback given to the evaluation provider following the inception meeting	Apr 2022
Presentation to PAG	Impact evaluation protocol	A comprehensive and robust plan on how the provider plans to evaluate the Centre (incorporating feedback received from PCG and PAG and external peer review), including concordant, stakeholder mapping, evaluation questions, Theory of Change, data sources, impact metrics, methodology and sampling framework, and baseline reporting and information collected during the establishment phase, timeframes, and risk register.	Sep 2022
Presentation on emerging findings shared and discussed by the PCG, PAG and Programme Management Board	Mid-term substantive report	The provider uses agreed report structure and concisely pulls together and synthesises initial and emerging findings from the impact evaluation of the Centre into a core set of learning themes.	Sep 2025 (feeding into the Centre's mid-term sustainability review)
Presentation on final findings shared and discussed by PCG and PAG	First complete draft of final report	The provider uses agreed final report structure and concisely pulls together and synthesises the key findings from the summative evaluation of the Centre into a core set of learning themes.	Nov 2027 (TBC)
Presentation of final findings to Programme Management Board, incorporating feedback from PCG and PAG	Final report	As above, but incorporates feedback from the funders' evaluation leads and PCG and PAG.	Dec 2027 (TBC)
Verbal de-brief with evaluation lead/PCG	Brief progress reporting	The provider uses agreed reporting template to update on any key initial/emerging	Sep* 2023 Sep* 2024

		findings, progress to date, and risks.	Sep* 2026 (* = indicative timing only – no less than annually)
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Annex E: Governance structure (as at October 2021)



Programme Management Board (decision authority): The executive decision-making body for the programme. It provides oversight of the delivery of the investment; approval of strategic decisions regarding budget and spend; oversight of risks and escalation of mitigation actions; and oversees monitoring and evaluation. The Management Board meets twice each year, but may also convene at key decision-making points in the programme. Members include ESRC and Health Foundation directors and senior staff, UK-wide chief scientific officers and devolved government leads. The Centre director reports into the Management Board and is invited to attend all or part of the meetings in a ‘non-voting capacity’.

Programme Advisory Group (advisory): Provides independent advice and scrutiny of the programme. It may provide strategic advice on the programme direction, policy context, alignment with other initiatives, and monitoring and evaluation. Members include departmental and devolved nation advisory, academic and stakeholder representatives, including people with lived experience of care (from within and external to health and social care). Please note: the funders are considering forming an **evaluation sub-group (advisory)** for the independent evaluation, with members convened from the Programme Coordination Group and Programme Advisory Group.

Programme Coordination Group (decision authority): Provides day-to-day management of the programme. It provides oversight of the programme operations; details of spend;

commissioning processes; maintenance of risk register; investment management; monitoring and reporting frameworks; Administration and Secretariat of Advisory and Management Board meetings; and administration of commissioning panel. This group currently meets every fortnight. Members include ESRC and Health Foundation programme leads and operational representatives, as well as Health Foundation and ESRC evaluation leads. The Management Board and Advisory Group inform the Programme Coordination Group.

IMPACT: This entails the Centre director, Professor Jon Glasby at the University of Birmingham, and a **leadership team** (of 12 other academics, people using social care services, and policy and practice partners – along with a broader consortium of key stakeholders from across the sector and across the four nations of the UK) which oversees the management and delivery of the Centre; and the **Centre governance arrangements** which will provide independent advice and scrutiny of the programme.